SAPIENZA
UNIVERSITÀ DI ROMA

Corso di Laurea 'A' in Medicina e Chirurgia

Migrations Medicine and Public Health




Rome, 28th october 2013

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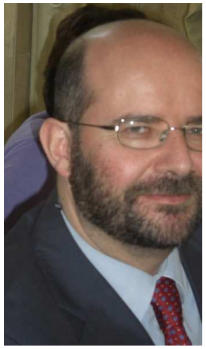
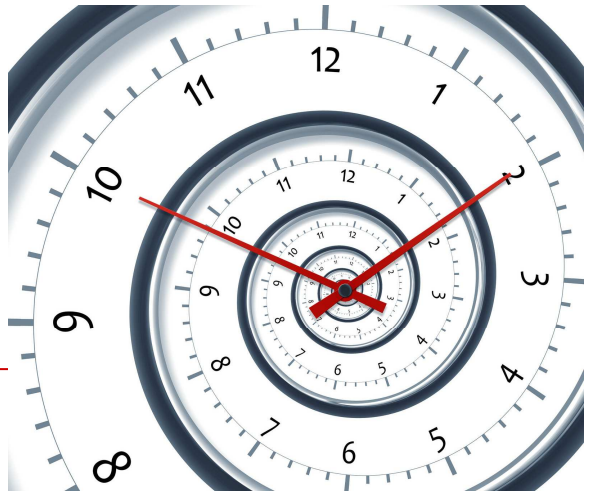


managing our time…



- 45 minutes: presentation 1
- 15 minutes: questions and answers
- 15 minutes: break
- 45 minutes: presentation 2
- 15 minutes: discussion and ‘conclusions’

our pathway

- Migration: what is it ?
- Health needs: which and for whom ?
- Health policies: values and approaches
- A case-study: Italy
- Perspectives

Our pathway

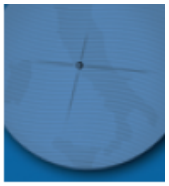
- Migration: what is it ?
- Health needs: w[illegible]nd for whom ?
- Health [illegible]icies: values and approaches

A case-study: Italy

- Perspectives

IJPH - 2012, Volume 9, Number 3

ITALIAN JOURNAL OF PUBLIC HEALTH



Immigrants' health protection: political, institutional and social perspectives at international and Italian level

Maurizio Marceca[1, 2], Salvatore Geraci[3, 2], Giovanni Baglio[4, 2]

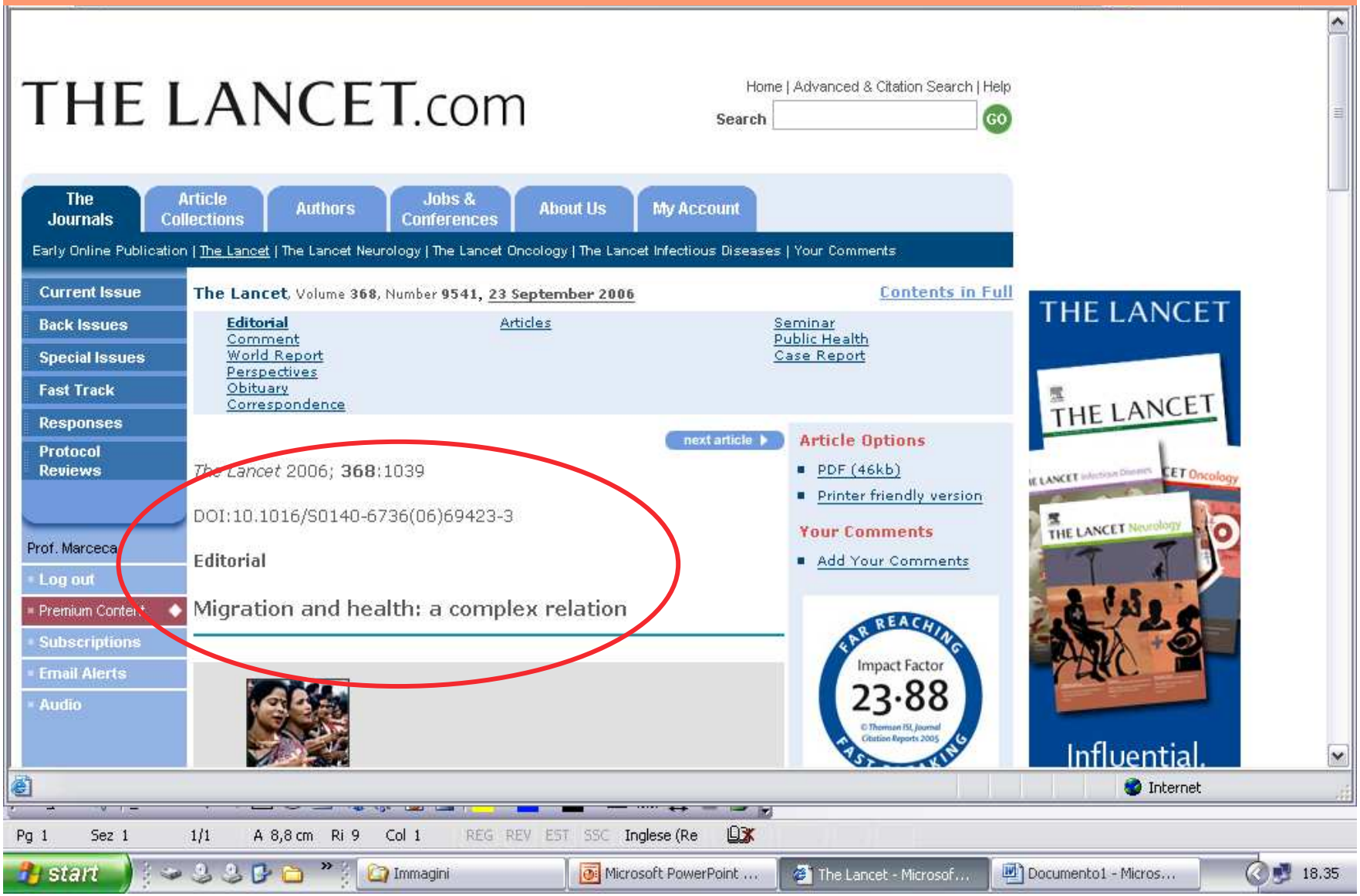
ABSTRACT

The issue of "immigrants' health" has been the subject of increasing interest in recent years, both in scientific literature and in the declarations of international health institutions. Specifically, the Resolution of the 61st World Health Assembly (2008), and the Report of the European Parliament on the reduction of the inequalities in health within EU (2010) are worth highlighting. There is a clear convergence in the orientations recommended to local Governments regarding the health policies and interventions to be adopted in this sector.

It may be stated that the health policies adopted in Italy in the 1980s have been pioneering in both European and international contexts. Enhanced by the unconditional recognition of the right to health, which is stated in the Italian Constitution, these orientations have been strongly suggested to the policy-makers through effective lobbying efforts.

Alongside ethical-legal recognition of the right to healthcare, the technical-scientific debate has also developed, especially following the publication of the WHO Report "Closing the gap in a generation" (2008). This has enabled the acknowledgement of the relevant role played by the socio-economic conditions which distinguish the different groups of immigrants. Moreover, the proposal of inter-sectorial policies and of an approach aimed at the empowerment of the community has become increasingly significant. In future, health protection for immigrants will be not only a priority as imposed by the recognition of health as a human right, but will also be more closely connected to capacities for the planning and support, at local level, of health promotion initiatives.

The Lancet 2006; **368**:1039
DOI:10.1016/S0140-6736(06)69423-3
Editorial **Migration and health: a complex relation**



our pathway

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- Health policies: values and approaches
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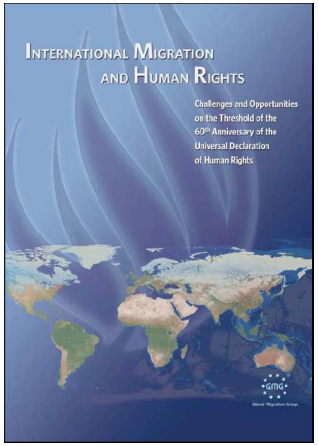
- Perspectives

Global Migration Group (GMG). (2008). International Migration and Human Rights. Geneva



Definitions

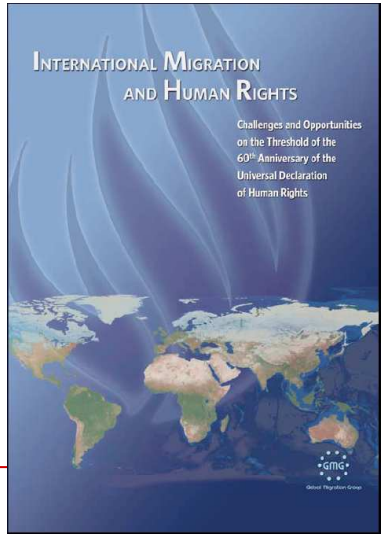
There is a lack of universally accepted definitions in the area of international migration.

Definitions in this area are often vague, controversial or contradictory.

This stems to some extent from the fact that migration is a phenomenon which has traditionally been addressed at the national level. Therefore the usage of migration terms differs from country to country. Furthermore, within a country, terms can vary in meaning or implication.

Definitions may also vary according to a given perspective or approach.

[21] International Organization for Migration (IOM). (2004). International Migration Law. Glossary on Migration. Geneva



Definitions

Immigrant

A non-national (*person belonging to, or owing an allegiance to one State and moving into another State*) who moves into a country for the purpose of settlement.

International Organization for Migration (IOM). (2004). International Migration Law. Glossary on Migration. Geneva

Migrant

The term is usually understood to cover persons moving to another country or region to, for instance, better their material or social conditions and to improve the prospects for themselves or their family.

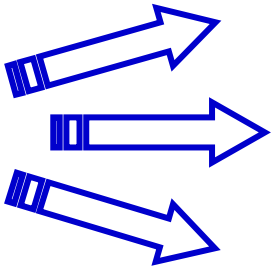
IOM, Gobierno de Espana, WHO. (2010). Health of migrants – The way forward.

Factors involved

PUSH Factors

PULL Factors

CHOICE Factors



Factors involved

PUSH Factors	**PULL Factors**
Escape from poverty	Availability of job
War / political instability	Peace /political stability
Persecution	Protection /respect of civil rights
Natural disasters	Safe nature / climate
Lack of opportunities/services	Education, health care…
Family separation	Family reunification
…	…

Factors involved

if **PUSH Factors**  **PULL Factors**

CHOICE Factors

Cultural affinity

Same/similar/easier language

Presence of a strong own community

Better climate

Traditional sports

Believes / legends

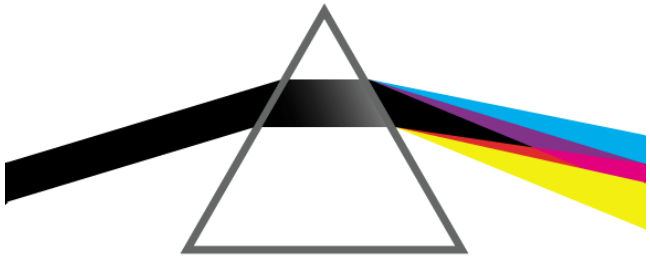
...

Factors involved

PUSH Factors

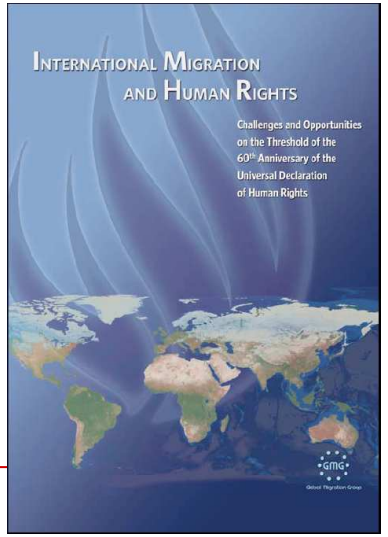
PULL Factors

CHOICE Factors



different degree of freedom
in migration experience

Types of migration

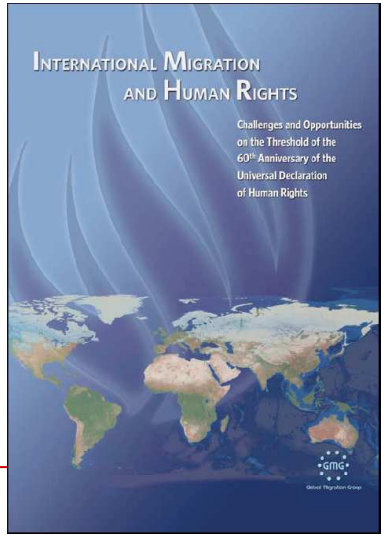


Forced migration

Transit migration

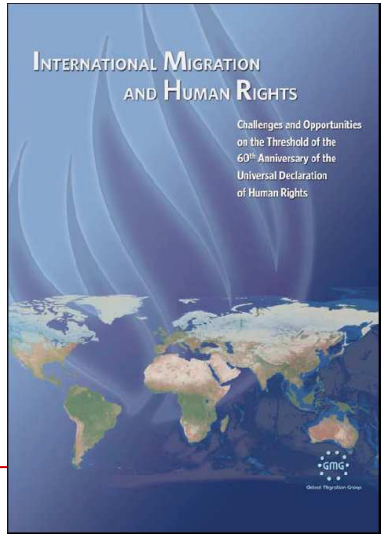
Return migration

Forced migration



Forced migration is a general term to describe a migratory movement in which an element of coercion exists, including threats to life and livelihood, arising from natural or man-made causes, such as movements of refugees and internally displaced persons as well as people displaced by political instability, conflict, natural or environmental disasters, chemical or nuclear disasters, famine, or development projects.

Global Migration Group (GMG). (2008).
International Migration and Human Rights. Geneva



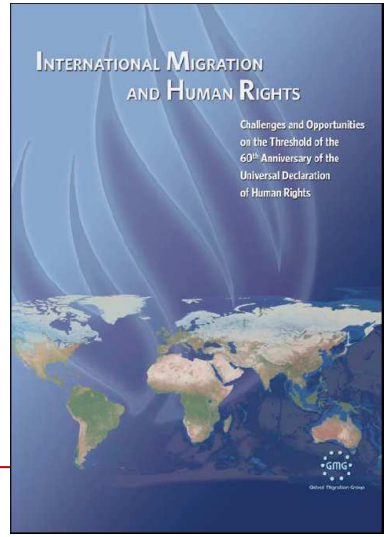
Definitions

Refugee

According to the Article 1 of the 1951 Convention Relating to the Status of Refugees, a "*person who owing to a well founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion, is outside the country of his nationality, and is unable to or, owing to such fear, is unwilling to avail himself of the protection of that country*..."

UNHCR, Master glossary of terms, 2006

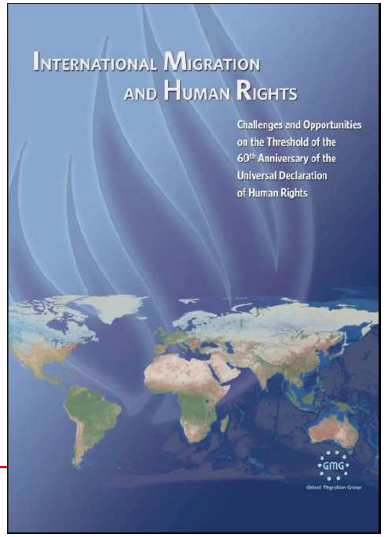
Transit migration



Transit migration refers to the regular or irregular movement of a person through any State or any journey to the State of employment or from the State of employment to the State of origin or the State of habitual residence.

Article 6 (c). International Convention on the Protection of the Rights of All Migrant Workers and members of their Families. (1990).

Return migration

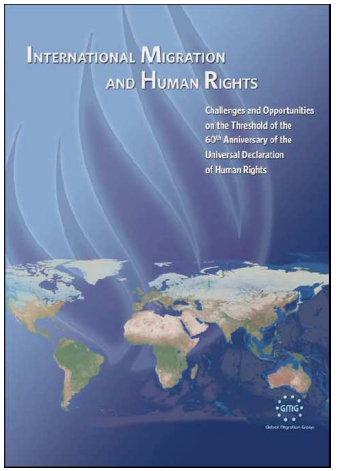


Return migration refers to the movement of a person returning to his/her country of origin or habitual residence usually after spending at least one year in another country.

This return may or may not be voluntary.

Return migration includes voluntary repatriation.

International Organization for Migration (IOM). (2004).
International Migration Law. Glossary on Migration. Geneva



Different types of immigrant

International migrant

Migrant worker

Female migrant

Migrant child

Irregular migrant

Environmental migrant

Refugee and Asylum seeker

Asylum Seeker ⇨ Refugee

The Lancet 2006; **368**:1039
DOI:10.1016/S0140-6736(06)69423-3
Editorial **Migration and health: a complex relation**

…extract…

"Individuals moving between countries, particularly women, can gain opportunities for greater equality, freedom, and career achievement than would have been available at home.

Health is often improved if women from poor countries move to regions where they are more able to manage their fertility and sexual and reproductive health. But these benefits only come from migration through free choice. If done against an individual's will, migration can be a danger as well as an opportunity.

Desperate for work, migrants often fill jobs in exploitative situations in which abuses of human rights, and even physical or sexual abuse, are common".

Dimensions of the phenomenon

There are an estimated 1 billion migrants in the world today of whom 740 million internal migrants and 214 million international migrants (United Nations Population Division - 2010)

10–15 % of them are irregulars

At a planet-wide scale almost half of them are females (49,0%), but (with the exception of Africa and Middle-east), they are the majority all over the world.

International Migration

dimensions of the phenomenon (by continent)

In Europe there are nearly 70 millions of migrants (in EU 33 ml.)

In Asia more than 61 millions

In North-America more than 50 millions

In Africa more than 19 millions

In South-America more than 7 millions

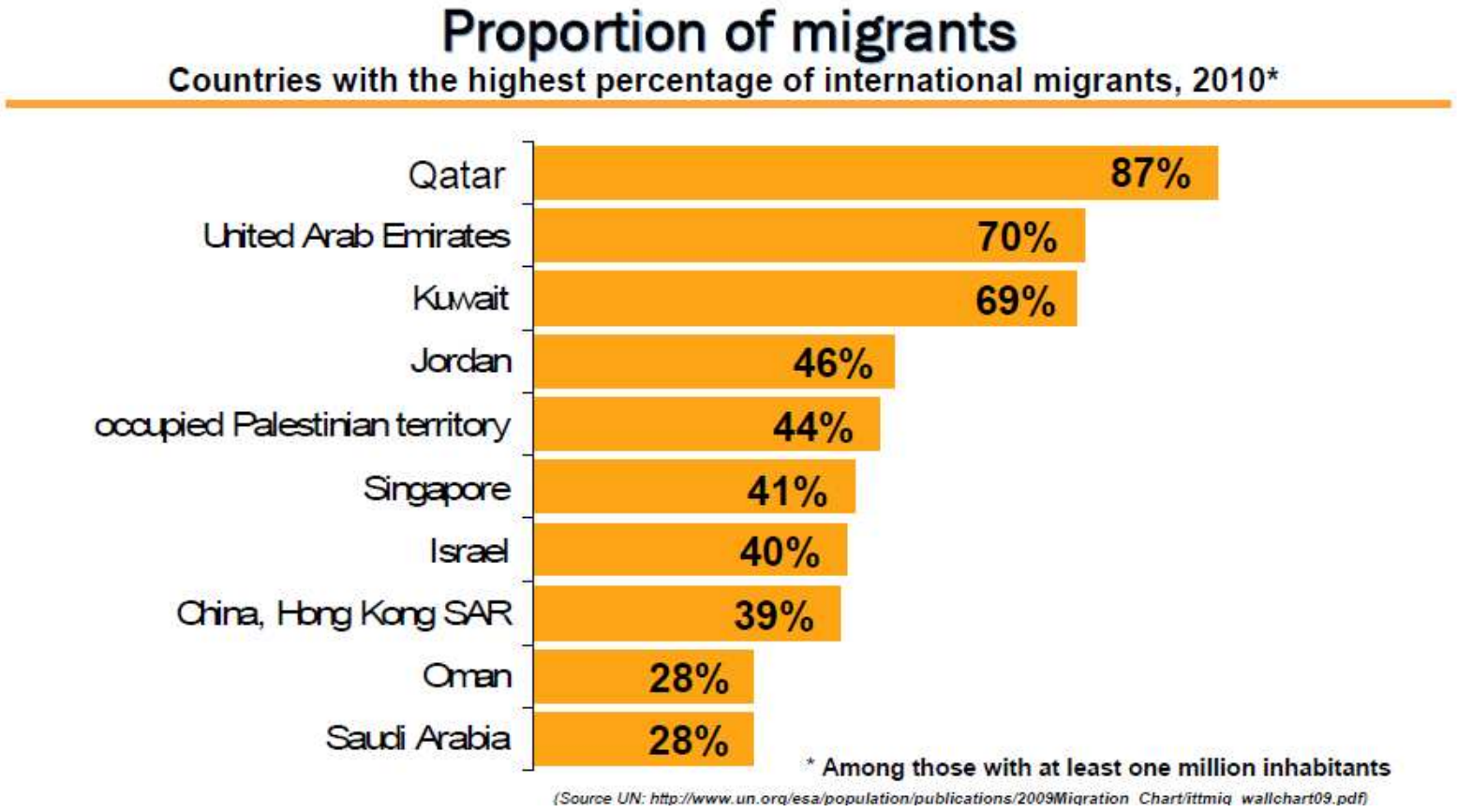
In Oceania about 6 millions

United Nations Population Division

(2010)

Dimensions of the phenomenon

(by country in % of total population)



Dimensions of the phenomenon
(by country in absolute numbers)

1st U.S.A., with 42,8 millions of migrants

2nd Russian Federation, with 12,3 millions

3rd Germany, with 10,8 millions

…

12th Italy, with 5 millions (2012)

United Nations
Population Division

(2010)

Dimensions of the phenomenon (summary)

TABLE 1. GLOBAL ESTIMATES OF MIGRANT POPULATIONS

Category of migrant	Population estimates
Internal migrants	~ 740 million (stock in 2009)[2]
Immigrants	Annual flow between 2005-2010 ~ 2.7 million with a stock of ~ 214 million international migrants in 2010[3]
Migrant workers	~ 100 million (stock in 2009)[4]
International students	~ 2.1 million (stock in 2003)[5]
Internally displaced persons	51 million (stock in 2007) includes those displaced by natural disasters and conflict. (UNHCR)
Refugees	15.2 million (stock beginning of 2009)[6]
Asylum seekers or refugee claimants	838 000 (stock beginning of 2009)[7]
Temporary – recreational or business[8] travel	922 million in 2008[9]
Trafficked persons (across international borders)	Estimated 800 000 per year (2006)[10] There are no accurate estimates of the stocks and flows of people who have been trafficked[11]

Foreigners in Italy

on the 1st January 2012

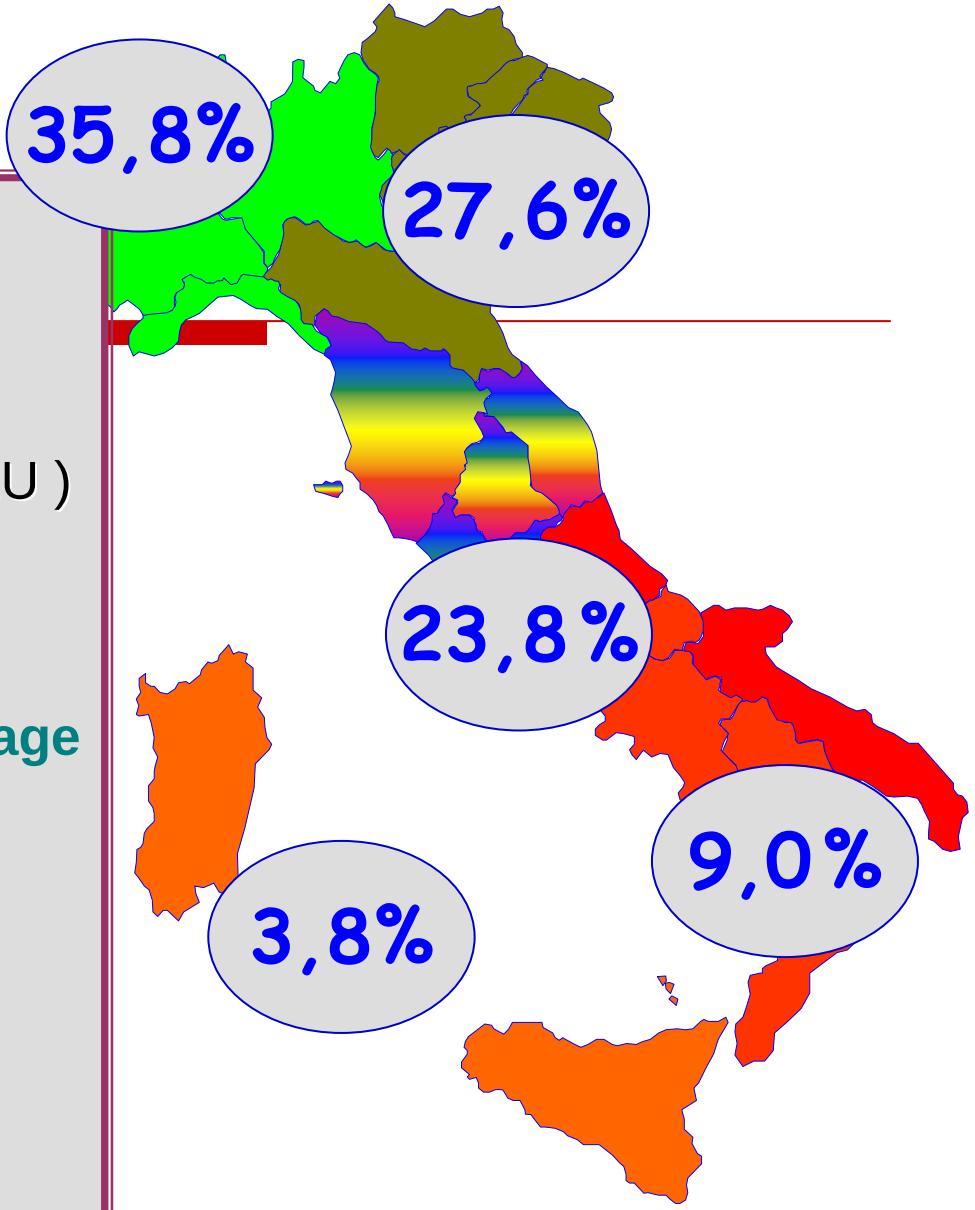
10 times more than 1990
3 times more than 2000

5 millions (esteeme)
regularly present
more than the 8.0%
of the resident population
(14% of the total foreigners in the EU)

51.8% females
22.0% < 18 yrs.
almost 1 million residents under age
756,000 registered at school
78,500 born in Italy in 2011

more than 66,000 granted the citizenship in 2010

193 countries of origin !



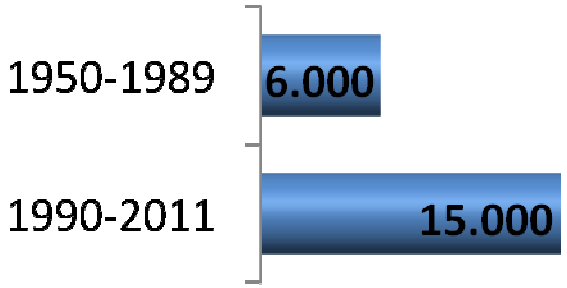
Elaborazione Caritas su dati Istat 2011

Italia, paese d'asilo

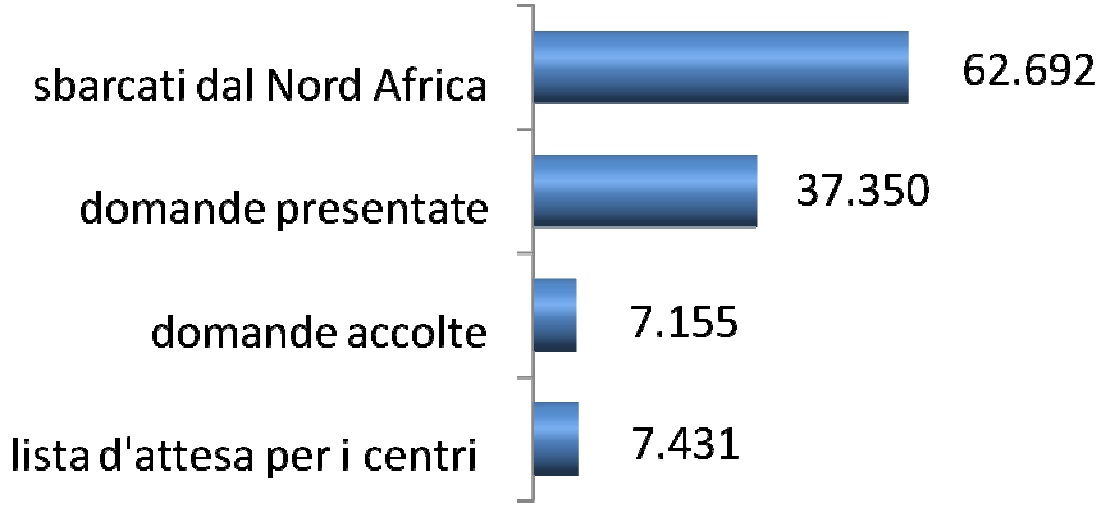
(Ministero dell'Interno e UNHCR)

Oltre mezzo milione di domande dal 1950 ad oggi

Media domande d'asilo ogni anno…



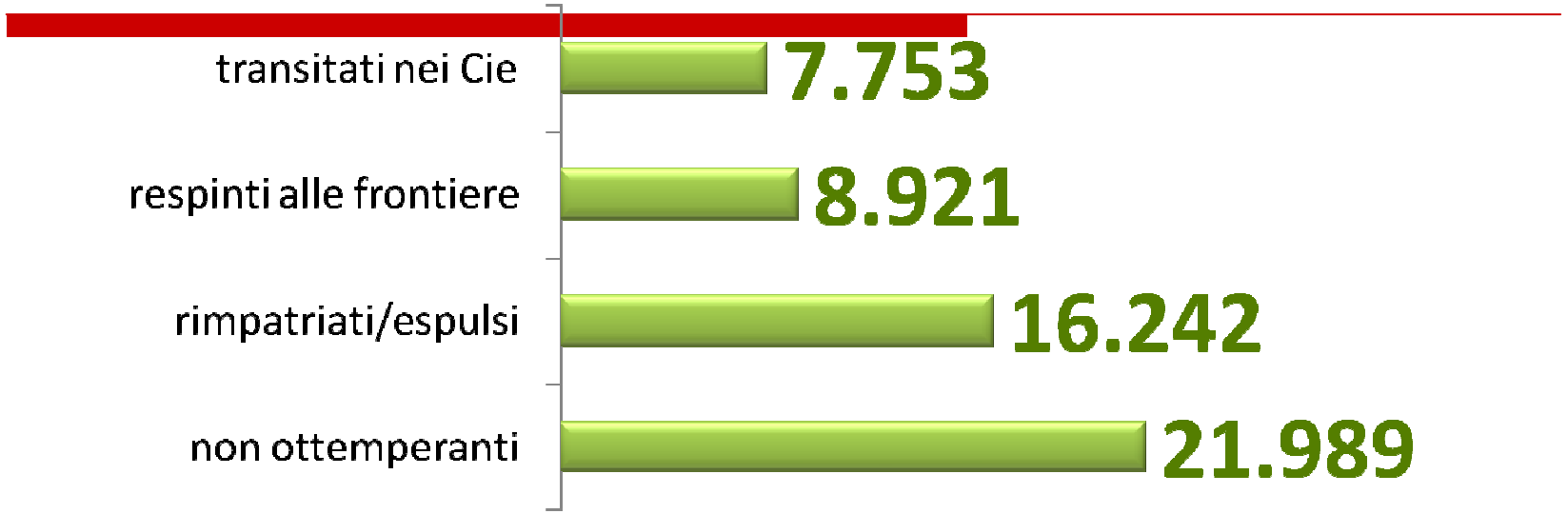
…e nel 2011



Criticità: prima accoglienza, seconda accoglienza, respingimenti

Migranti senza autorizzazione al soggiorno

(Ministero dell'Interno)



nel 2012: 134.576 domande di emersione

Different contexts of the phenomenon

Countries of 'old' immigration flows

- nations 'founded' on migration (*e.g. USA, Australia*)
- ancient migration flows for work (*e.g. South-Africa, Germany…*)
- partially consequence of colonialism

Mohandas K. Ghandi
Johannesburg

a few big communities

3rd - 4th and further generations (*e.g. UK, France, Netherlands …*)

Different contexts of the phenomenon

Countries of 'relatively new' immigration flows

- consequence of "globalization"

  many small communities

  1st -2nd generation (*e.g. Italy, Spain, Greece…*)

an exercise of memory
… **our** history of emigration

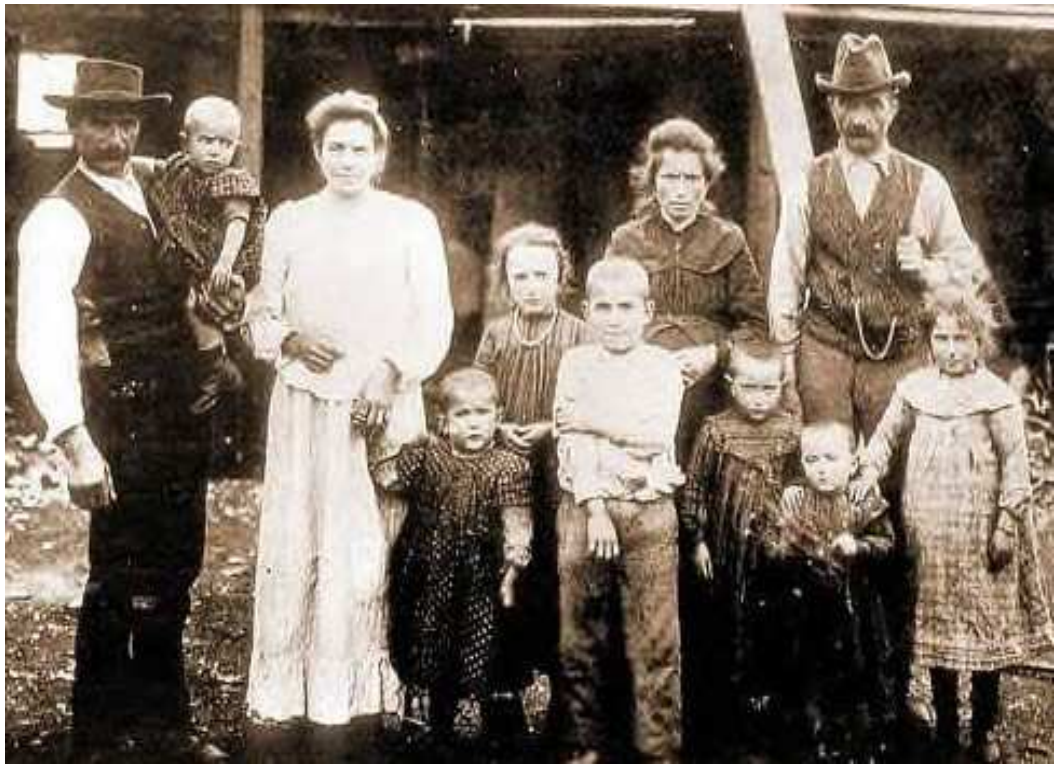
Starting on 1860, and for a period of nearly 100 years, more than 27 millions of Italians migrated abroad.

During the first 10 years of the 20th century, the Italians who had moved abroad for work counted on average 600.000 persons per year (on a total Italian population of about 33,5 millions in the year 1900).
The highest number was recorded in 1913, with approximately 900.000 persons leaving the country.

It is estimated that, at the moment, there are about 4 millions of Italians living abroad, whereas the people of Italian origin represent a number of about 60 millions worldwide.

«Cosa intende per nazione, signor Ministro? È una massa di infelici? Piantiamo grano ma non mangiamo pane bianco. Coltiviamo la vite, ma non beviamo il vino. Alleviamo animali, ma non mangiamo carne. Ciò nonostante voi ci consigliate di non abbandonare la nostra Patria? Ma è una Patria la terra dove non si riesce a vivere del proprio lavoro?»

(Anonymous answers to an Italian Minister, sec. XIX)



Migrants from Modena at Capitan Pastene (Chile) on 1910: the Castagna Family

Common characteristics of the phenomenon

[particularly for countries of 'relatively new' immigration flows]

- ✓ heterogeneous

  different provenience, language, culture, religion of the ethnic minority groups

- ✓ dynamic

  rapid evolution of the socio-demographic profile

- ✓ necessary (from the economical, demographical and cultural point of view)

Cost/benefits of immigration in Italy – 2010

(Caritas/Migrantes analysis by different sources)

Benefits: 12.8 billions €	Costs: 11.1 billions €
➢ 8.3 billions as taxes for social security ➢ 2.8 billions for Irpef tax ➢ 1 billion for Iva tax ➢ 600 millions for other taxes ➢ 100 millions as payments for: ➔ renewal of the permit of staying ➔ applications for obtaining citizenship	➢ 3.2 billions for health care ➢ 3.2 billions for school/education ➢ 550 millions for local social services ➢ 400 millions for housing support ➢ 1,75 billions for justice ➢ 500 millions for CIE ➢ 1,5 billions for Provident Institutions

Incidence of immigrants on Gross National Product: 11,1% (2008)

Remittance to the country of origin: 7.4 billions € (2011) [Bank of Italy]

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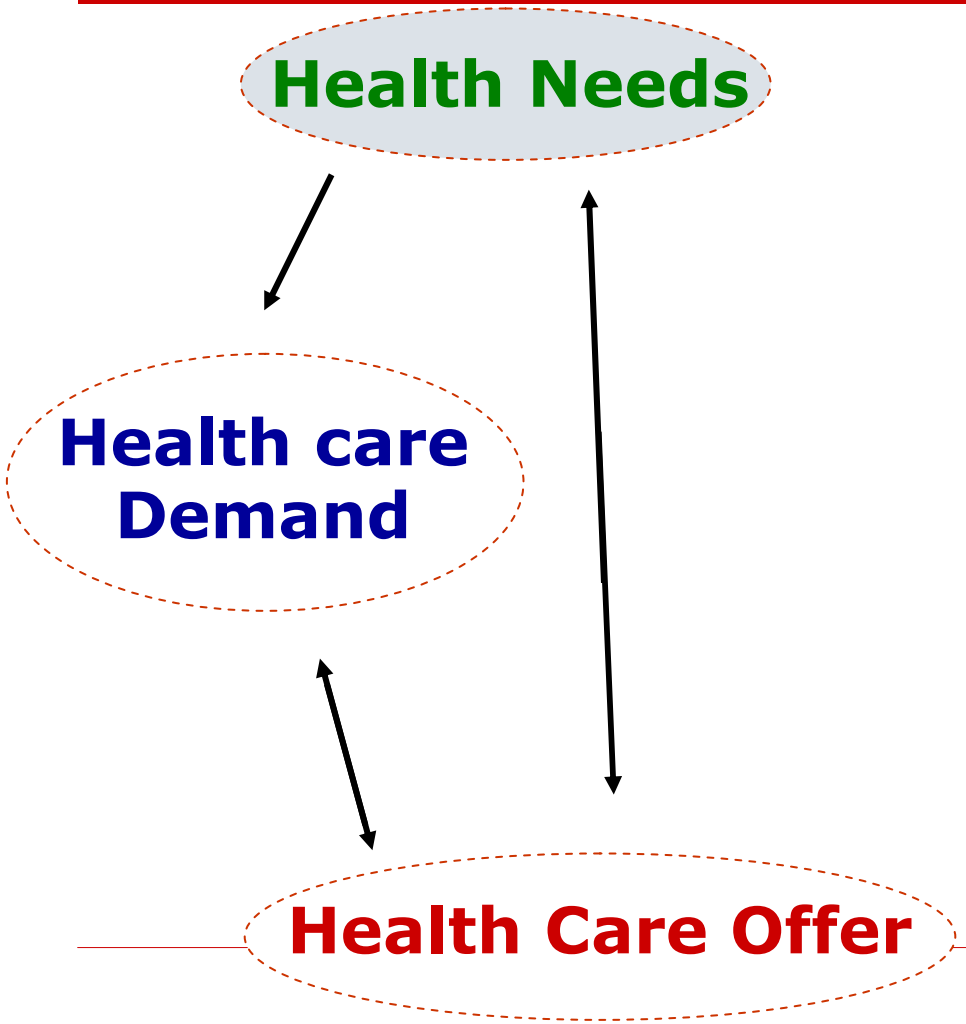
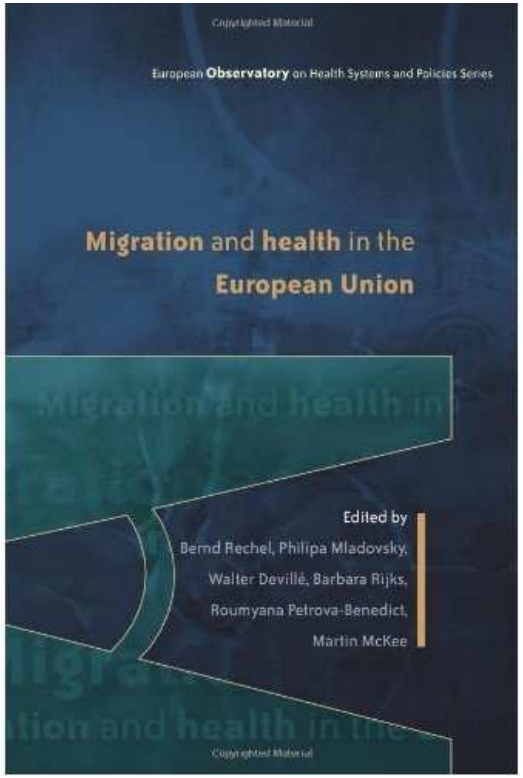
A LOGICAL FRAMEWORK PROPOSAL





A LOGICAL FRAMEWORK PROPOSAL

Health Needs ?

Edited by Salman Rawaf and Veena Bahl - 1998

Health needs of migrants. A 'migration phases framework'

OPEN ACCESS Freely available online

PLoS MEDICINE

Policy Forum

Migration and Health: A Framework for 21st Century Policy-Making

Cathy Zimmerman*, Ligia Kiss, Mazeda Hossain

Gender Violence & Health Centre, Social and Mathematical Epidemiology Group, Department of Global Health & Development, London School of Hygiene & Tropical Medicine, London, United Kingdom

This is one article in a six-part *PLoS Medicine* series on Migration & Health.

Introduction

With an estimated 214 million people on the move internationally and approximately three-quarters of a billion people migrating within their own country, there can be little doubt that population mobility is among the leading policy issues of the 21st century [1–3]. Human migration is not a new phenomenon, but it has changed significantly in number and nature with the growth of globalization, including the ease of international transport and communication, the push and pull factors of shifting capital, effects of climate change, and periodic political upheaval, including armed conflict. As a result, migrant networks that facilitate mobility and circular migration, in particular, have expanded in unprecedented ways [4,5]. Yet, there has not been commensurate development of coordinated policy approaches to address the health implications associated with modern migration. Internationally, policy-making on migration has generally been conducted from policy sector "silos" (e.g., international aid, security, immigration enforcement, trade, and labor) that rarely include the health sector and which often have different, if not incompatible, goals [6,7]. As discussions on "global migration governance" and "global health governance" expand, it will be increasingly important for policy-makers to engage in cross-sector coordination and move beyond narrow protectionist policy approaches, such as migrant-screening, and the simplistic view of migration as a one-way trajectory [8].

Health policy-making in the context of migration has generally been viewed either in terms of its "threats" to public health or from a rights-based approach that focuses on health hazards faced by individual migrants and the associated service challenges [9]. The former lens dates back to medieval quarantine measures and prioritizes public health security and communicable disease control, relying heavily on monitoring and screening (e.g., tuberculosis, pandemic flu). The rights-based perspective is more recent and grounded in medical ethics. It recognizes migrants' special vulnerability to, for example, interpersonal and occupational hazards, social exclusion, and discrimination, and the importance of universal access and culturally competent health care services [10].

Although often framed as a "threat", human mobility is not inherently risk-laden. However, poor policy coordination and contradictory policy goals, such as increasing foreign labor requirements while maintaining restrictive rights for migrants, can exacerbate risk conditions related to migration and pose health challenges [11,12].

This paper presents an introduction to the *PLoS Medicine* series on migration and health (http://www.ploscollections.org/migrationhealth). It lays out a migratory process framework (Figure 1) that highlights the multistaged and cumulative nature of the health risks and intervention opportunities that can occur throughout the migration process, and points to the potential benefits of policy-making that spans the full range of migratory movement. Five subsequent articles in the series discuss in-depth the health impacts and policy needs associated with the five phases of this migratory process: pre-departure, travel, destination, interception, and return.

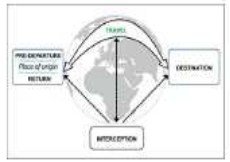


Figure 1. Migration phases framework.
doi:10.1371/journal.pmed.1001034.g001

Global Estimates, Migrant Categories, and Gender

Theories and definitions of migration are diverse and include temporary and more permanent forms of human mobility that can occur for different purposes over long and short distances [13,14]. Statistics on global migration are imprecise because of the diversity in definitions and due to the difficulty of counting irregular or undocumented migrants [15]. Table 1 presents some commonly used definitions and recent estimates for different mobile populations. Notably, internal migrants account for nearly four times as many

Citation: Zimmerman C, Kiss L, Hossain M (2011) Migration and Health: A Framework for 21st Century Policy-Making. PLoS Med 8(5): e1001034. doi:10.1371/journal.pmed.1001034

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Provenance: Commissioned; externally peer reviewed.

The Policy Forum allows health policy makers around the world to discuss challenges and opportunities for improving health care in their societies.

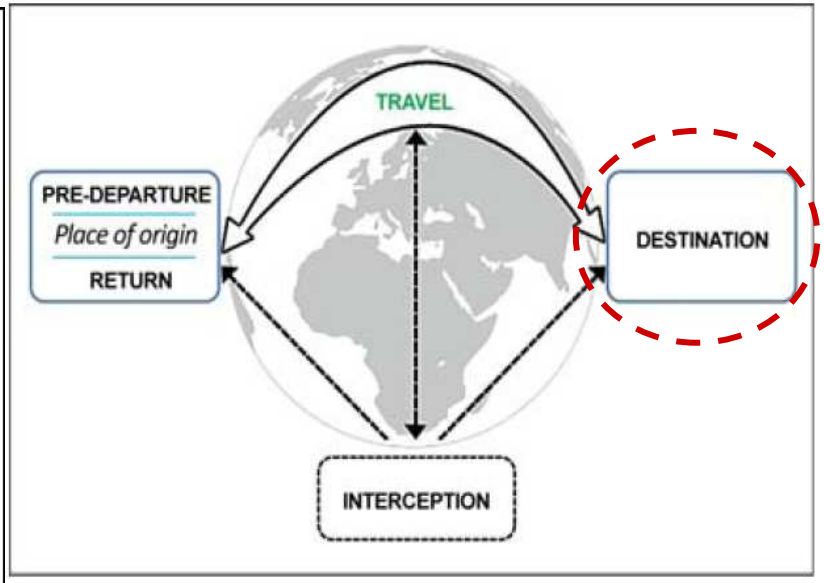


Figure 1. Migration phases framework.

Zimmerman C, Kiss L, Hossain M.

Migration and Health: a framework for 21 ° Century Policy Making.

PLoS Medicine 2011

Research approaches

Quantitative studies

on administrative and other health information systems
e.g. hospital admissions – DRG, outpatients dataset, disease registers…

on ad hoc studies

Qualitative studies

on ad hoc studies (ethnographic observation, focus group, interviews…)

The shadow areas

… available and affordable data source

about health and health care:

inadequacy of health information systems
to evaluate health needs of immigrant population

on the target population:

inadequacy of demographic informative systems
lack of a universally agreed definition of what constitutes a migrant

… the "denominator problem"

absent / difficult registration of irregular migrants

… the data interpretation

available and affordable data source

BOX 16.3: TOWARDS A COMPREHENSIVE NATIONAL HEALTH EQUITY SURVEILLANCE FRAMEWORK

HEALTH INEQUITIES

Include information on:

health outcomes stratified by:

- sex
- at least two socioeconomic stratifiers (education, income/wealth, occupational class);
- ethnic group/race/indigeneity;
- other contextually relevant social stratifiers;
- place of residence (rural/urban and province or other relevant geographical unit);

physical and social environment:

- water and sanitation;
- housing conditions;
- infrastructure, transport, and urban design;
- air quality;
- social capital;

working conditions:

- material working hazards;
- stress;

health care:

Source: WHO - Commission on Social Determinants Of Health - Final Report
***Closing the gap in a generation. Health equity through action on the social determinants of health*, 2008**

The "Healthy Migrant Effect"

A strong body of literature describes the fact that:

- on many measures, first generation immigrants are often healthier than country-born residents who are of similar ethnic or racial backgrounds;

- they are generally in good health conditions.

This is mainly explained with a self-selection at migration, where healthier and wealthier people tend to be migrants.

Parkin, 1992; Costa et al., 1993

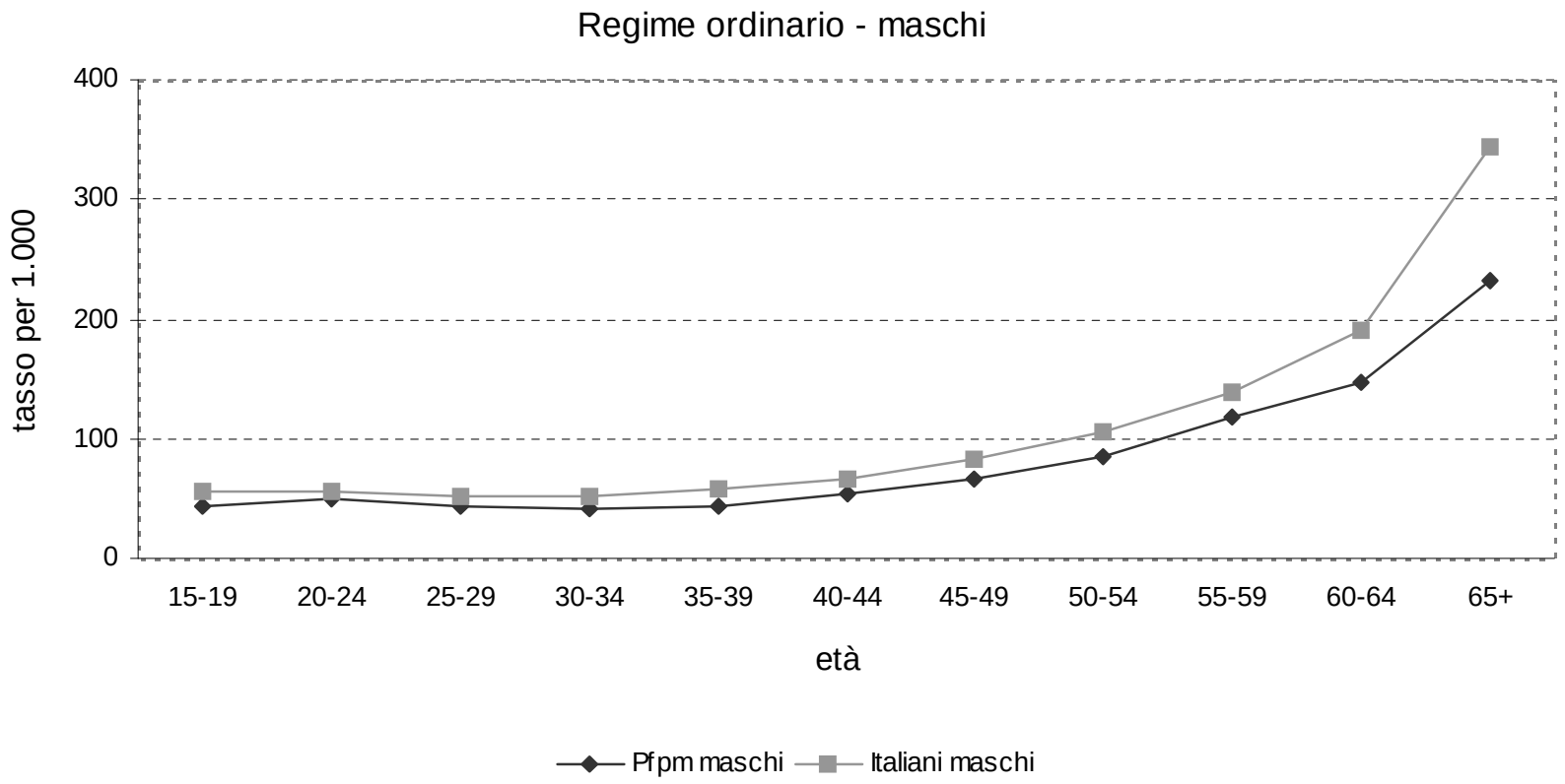
Hospital admission rates* (per 1,000) by sex, age >18 yrs. and tipology of admission Italy, 2005

	men		women	
	ordinary	DH	ordinary	DH
immigrants	131	42	174	72
tot. residents	156	68	157	75

Fonte: Istat, 2005

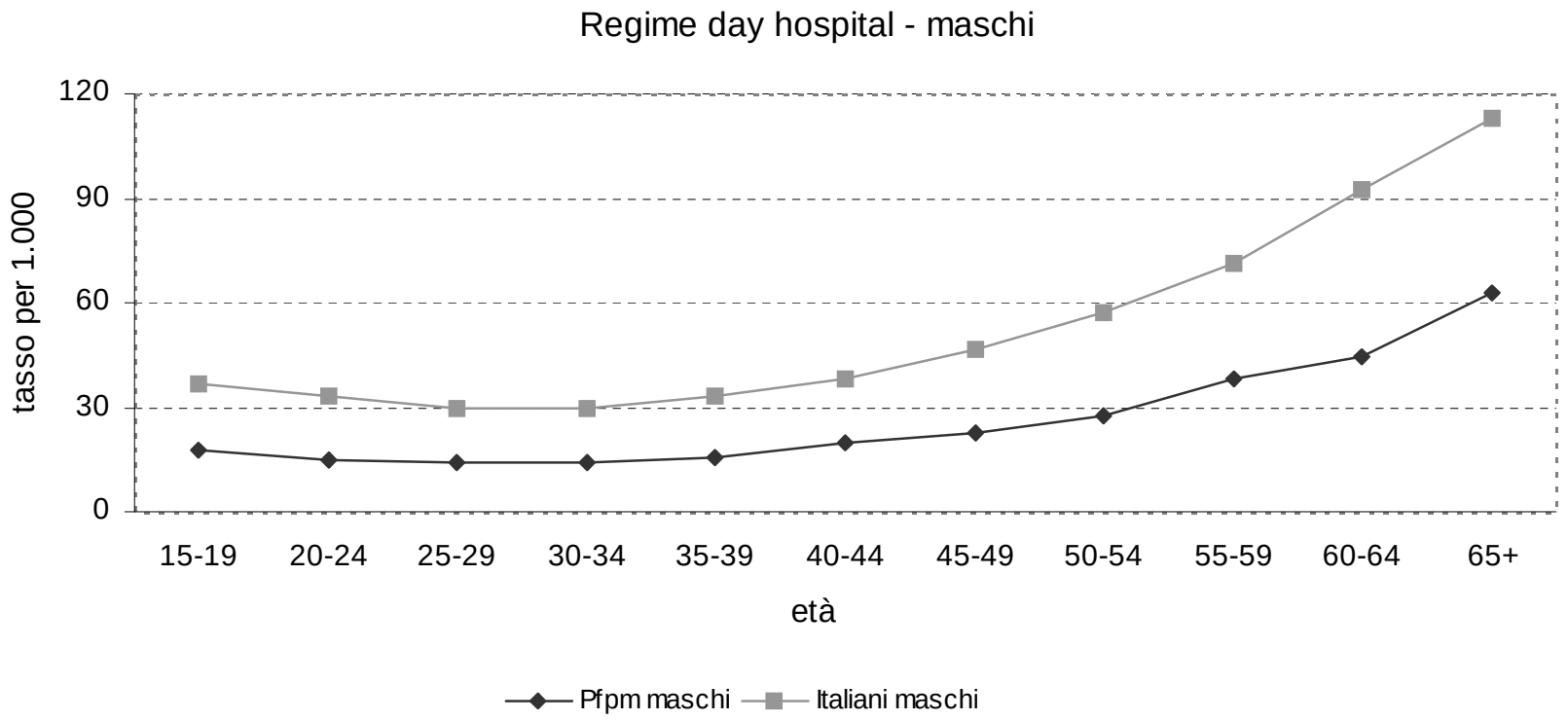
(*) Rates are standardised for age

Hospital admission age-specific rates (per 1,000) Italy, 2008 – males, ordinary admissions



Fonte: Elaborazioni Istat su dati del Ministero della Salute - 2008

Hospital admission age-specific rates (per 1,000) Italy, 2008 – males, day hospital admissions



Fonte: Elaborazioni Istat su dati del Ministero della Salute - 2008

Main causes of ordinary admissions in immigrants from Pfpm countries, aged >18 yrs. Italy, 2008

Ordinary admissions

Male (n=87,395)	%	Female (n=211,769)	%
trauma/injuries	21,6	pregnancy/partum	57,6
gastrointestinal diseases	14,1	genito-urinary diseases	6,7
cardiovascular diseases	11,3	gastrointestinal diseases	6,2
respiratory diseases	8,6	tumors	5,1
musculo-skeletal diseases	6,5	trauma/injuries	3,7

Source: SDO, Ministry of Health. Italy, 2008

Main causes of day hospital admissions in immigrants from Pfpm countries, aged >18 yrs. Italy, 2008

Day-hospital admissions

Male (n=25,990)	%	Female (n=83,054)	%
gastrointestinal diseases	12,9	legal abortions	51,9
factors influencing health status	11,9	genito-urinary diseases	10,9
musculo-skeletal diseases	11,0	factors influencing health status	7,8
infectious diseases	9,1	tumors	4,4
trauma/injuries	9,1	cardiovascular diseases	3,7

Source: SDO, Ministry of Health. Italy, 2008

The “exhausted migrant effect”

The importance of daily living conditions

Over the time, (family reunion, 2nd generation), however, the migrant health advantage can diminish dramatically according to the success or failure of the migration project and the consequent life conditions.

The Social Determinants of Health
The 'Rainbow model'

Source: G. Dahlgren, M. Whitehead (1992).
Policies and strategies to promote social equity and health. Copenaghen, WHO.

IAS survey on the occupational risks among immigrant workers in Italy, 2007

Table 1. Frequency distribution of workers and risk (%) of work-related injuries by profession and age-adjusted ORs (with 95%CIs) of work-related injuries for immigrants compared to Italians

Profession	Immigrants		Italian		ORs*	95%CIs
	% of workers	risk (%) of injury	% of workers	risk (%) of injury		
			Men			
	[n=1,314]		[n=34,694]			
Construction workers	32.7	9.3	11.2	5.0	2.05	(1.56-2.69)
unskilled workers	*4.1*	*11.2*	*0.8*	*1.8*	*8.64*	*(2.85-26.20)*
Skilled and unskilled industrial and agricultural workers	30.1	6.7	23.9	5.4	1.25	(0.92-1.71)
wood	*1.2*	*15.6*	*1.3*	*5.4*	*3.63*	*(1.18-11.11)*
leather, hides and footwear	*1.2*	*14.5*	*0.3*	*2.2*	*8.29*	*(1.59-43.33)*
Skilled and unskilled professions in service and commercial activities	27.3	3.2	21.3	3.8	0.84	(0.53-1.32)
Highly skilled professions and office workers	9.9	0.6	43.6	1.7	0.34	(0.06-1.91)
Total	100.0	6.0	100.0	3.4	1.82	(1.53-2.16)

Fonte: Elaborazione IAS sui dati della rilevazione Istat sulle Forze di Lavoro, secondo trimestre 2007

A LOGICAL FRAMEWORK PROPOSAL

?

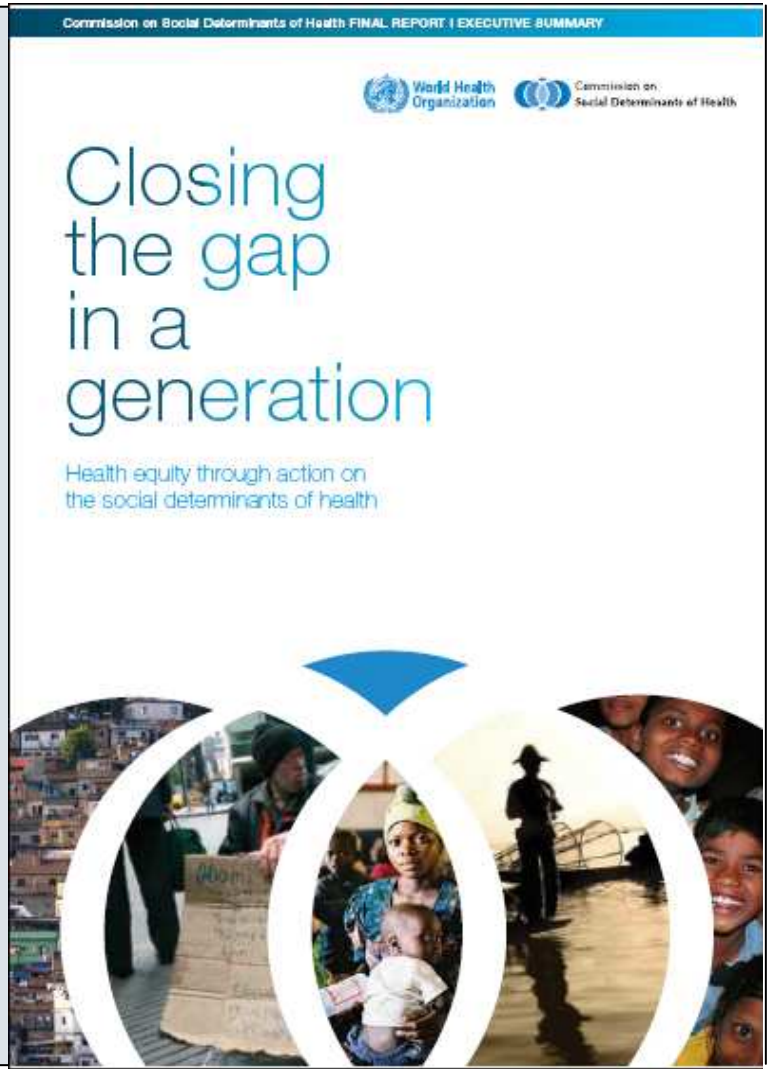
Social Determinants of Health

Right to Health

Prevention, Health Care, Rehabilitation

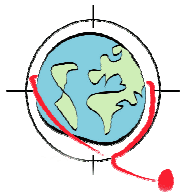
The importance of daily living conditions

The Commission takes a holistic view of social determinants of health. The poor health of the poor, the social gradient in health within countries, and the marked health inequities between countries are caused by the unequal distribution of power, income, goods, and services, globally and nationally, the consequent unfairness in the immediate, visible circumstances of peoples lives – their access to health care, schools, and education, their conditions of work and leisure, their homes, communities, towns, or cities – and their chances of leading a flourishing life.



Source: WHO - Commission on Social Determinants Of Health - Final Report
***Closing the gap in a generation. Health equity through action on the social determinants of health*, 2008**

The groups who have experienced (or have a previous experience of) migration



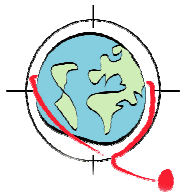
have in average:

- ✓ a life expectancy lower than the general population
- ✓ an increased infant / child mortality
- ✓ more often reports of a status of poor health
- ✓ more frequent mal-treated access to the health services (either over- or under-used, or both)
- ✓ a higher risk to be treated insufficiently by the health services

Banks J, Marmot M, Oldfield Z, Smith JP. Disease and Disadvantage in the United States and in England JAMA 2006; 295: 2037-2045.

WHO. International Migration, Health & Human Rights. 2003.

The groups who have experienced (or have a previous experience of) migration



Regarding the exposure to risk factors:

they tend to be forced to reside/ to dwell in settings of low quality (poor conditions), overcrowded, often emarginated in degrading urban areas, where there is limited access to services and high level of criminality.

they have in average higher incidence of poverty, higher incidence of unemployment, receive lower salaries, and usually are depending on public financial support (whenever this is available), compared to the rest of population.

The immigrant workers

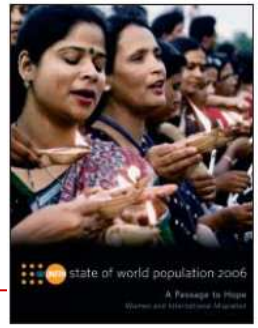
are more often subjected to a role of "not trained", to a situation of irregularity/illegality and under-payment, frequently undertake jobs of a high risk of accident, because of exposure to toxic or to unhealthy work environment, with inadequate measurements of protection and inadequate or absent equipment, with more working hours than normal and insufficient insurance.

The situation is becoming worse by the addition of problems of linguistic and cultural nature, which are likely to increase the risk factors at work .

In fact, the incidence of work accidents among the immigrants in Europe is nearly double as much as the incidence of work accidents among "natives".

WHO. International Migration, Health & Human Rights. 2003.

The Lancet 2006; **368**:1039
DOI:10.1016/S0140-6736(06)69423-3
Editorial **Migration and health: a complex relation**



"And although immigrants are often initially in better health than their peers - good health is an advantage for getting past host countries' medical screening tests or completing hazardous journeys - once settled abroad, they become vulnerable to illness and disease.

This means that even second-generation families of immigrants can have significantly worse health than their native peers and increased rates of chronic illness. There are many reasons for this difference: hazardous working conditions, poor housing, and labour exploitation are all contributory factors".

Do you know the “exhausted teacher effect ?”

If yes, please give me a 5’ break

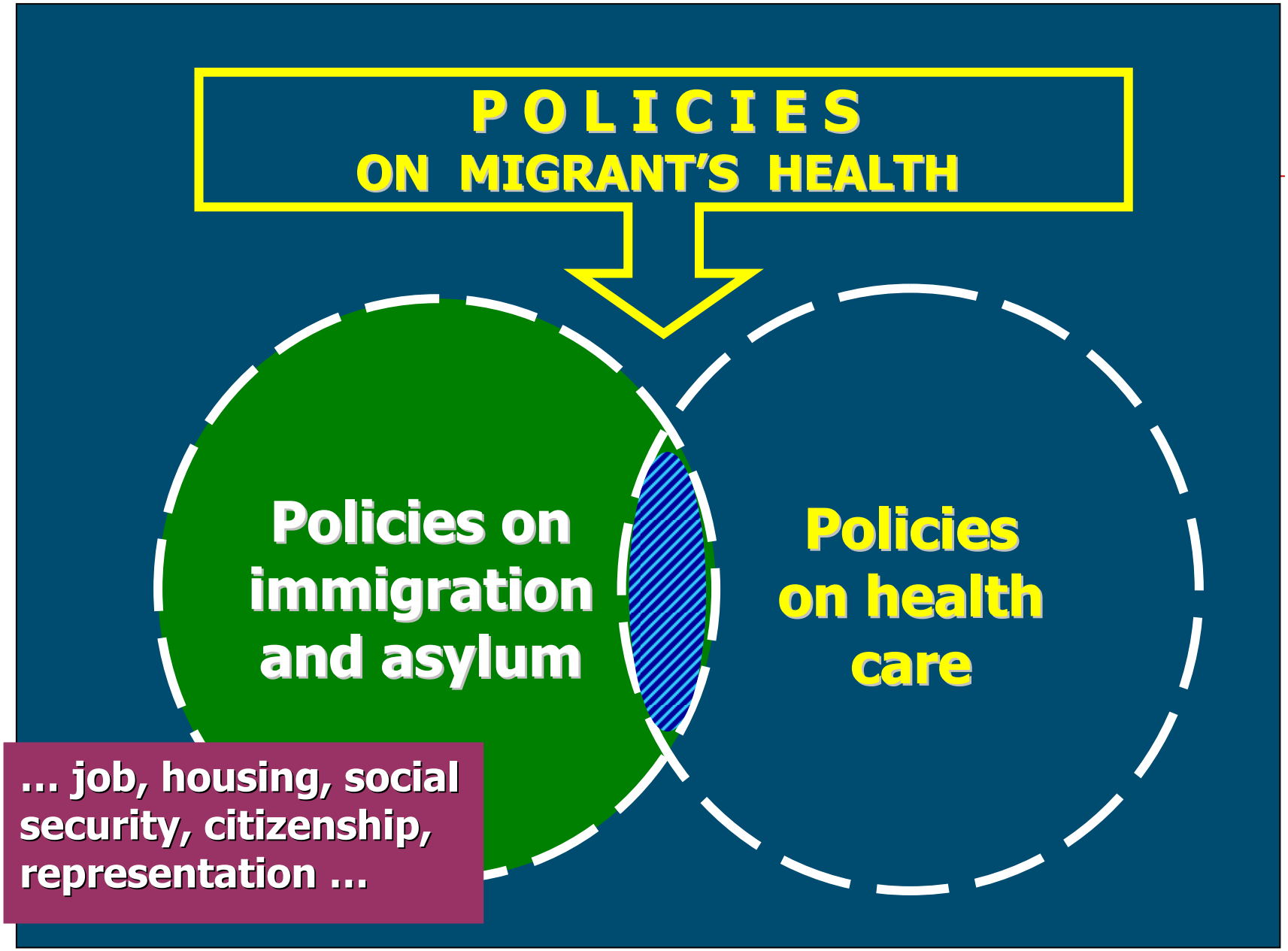
If not, please give me a 10’ break !

our pathway

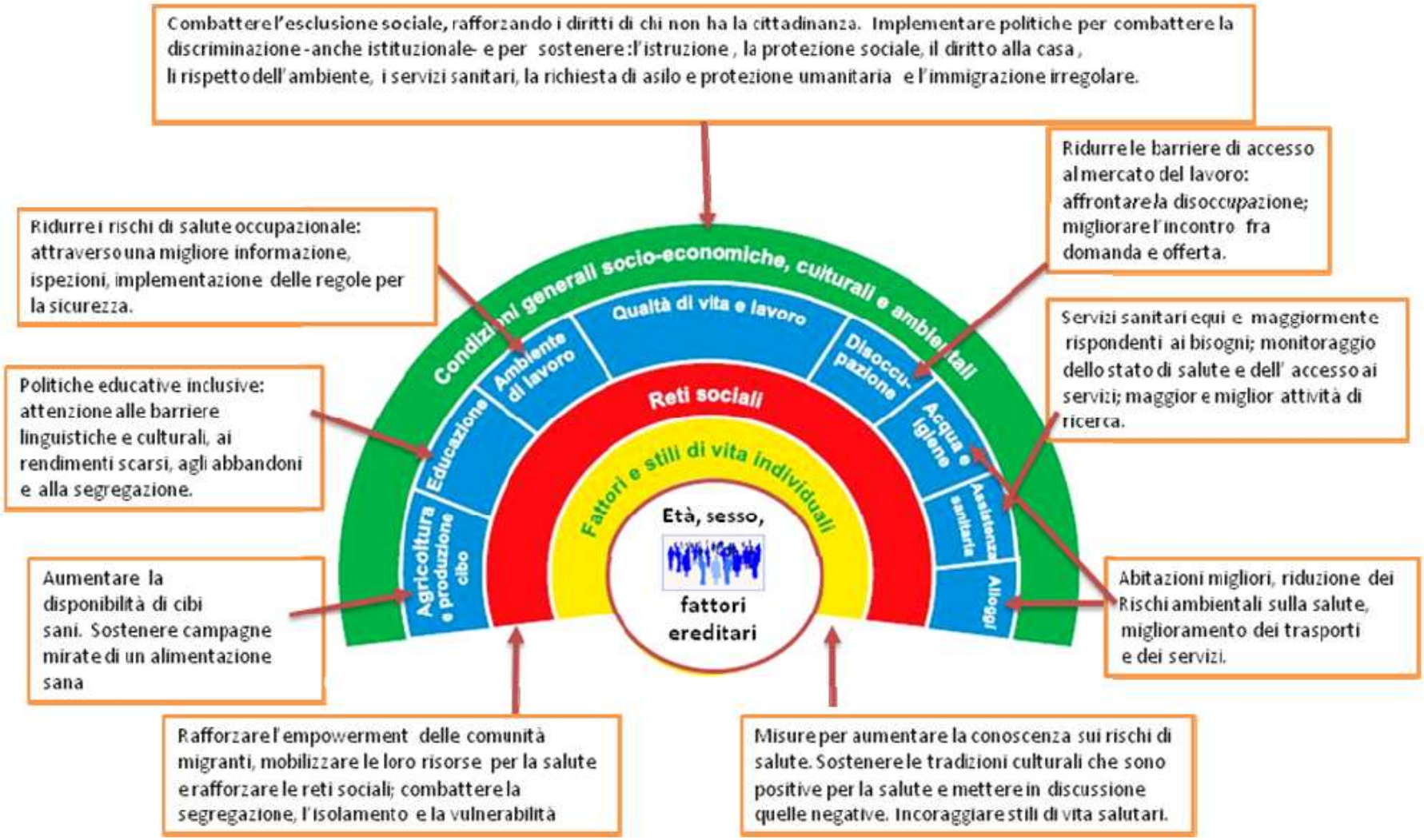
- Migration: what is it ?
- Health needs: which and for whom ?
- Health policies: values and approaches
- A case-study: Italy
- Perspectives

The Lancet 2006; **368**:1039
DOI:10.1016/S0140-6736(06)69423-3
Editorial **Migration and health: a complex relation**

"Migration is linked to every one of the Millennium Development Goals, but the heterogeneity of causes and consequences underlying inter-regional and inter-country movement make it difficult to identify action or policies to enhance its benefits alone".


POLICIES
ON MIGRANT'S HEALTH
Policies on immigration and asylum
Policies on health care
... job, housing, social security, citizenship, representation ...

Le misure politiche per affrontare i determinati socioeconomici di salute per migranti



Fonte: M. Marceca – M.L. Russo, adattato da Who "Health of migrants – The way forward" 2010

citizenship

una questione di diritto

Immigrati, Napolitano: “Cittadinanza ai figli”

Sì del Pd, il Pdl minaccia la tenuta del governo.

Il Capo dello Stato torna sull'esigenza di riconoscere la cittadinanza ai nati in Italia: "E' assurdo non farlo". La Lega minaccia: "Faremo le barricate in Parlamento e nelle piazze". La Russa: "Così si fa cadere il governo"

Napolitano insiste: "È folle negare la cittadinanza italiana ai figli degli immigrati"

Dal presidente della Repubblica un nuovo appello per la riforma. "I bambini hanno questa aspirazione"

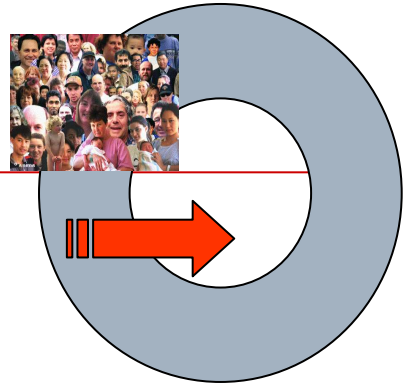
Immigrati, Napolitano: "Cittadinanza ai bambini“. La Lega: "Così si stravolge la Costituzione"

Il capo dello Stato interviene con decisione sul problema dei figli di stranieri nati in Italia e auspica un intervento del Parlamento. La Russa: "Così si fa cadere governo". Maroni e Calderoli: "Pronti alle barricate". Cicchitto: "Così si mette a rischio la vita del governo". Ampio il fronte del sì, dall'Udc a Sel. Il Pd: "Serve legge urgente". Fini :"Quando ne parlai io mi diedero del compagno"

22 novembre 2011

Fonti: Il Fatto Quotidiano, la Repubblica, www.stranieriinitalia.it

Health policies: values and approaches



- *The right to health (ethics and laws)*

- *A correct information on the right to health care (health information)*

- *The real possibility of using (what makes the practical and effective use of) the health care services (organization)*

The Lancet 2006; **368**:1039
DOI:10.1016/S0140-6736(06)69423-3
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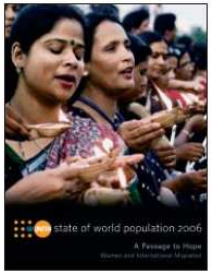
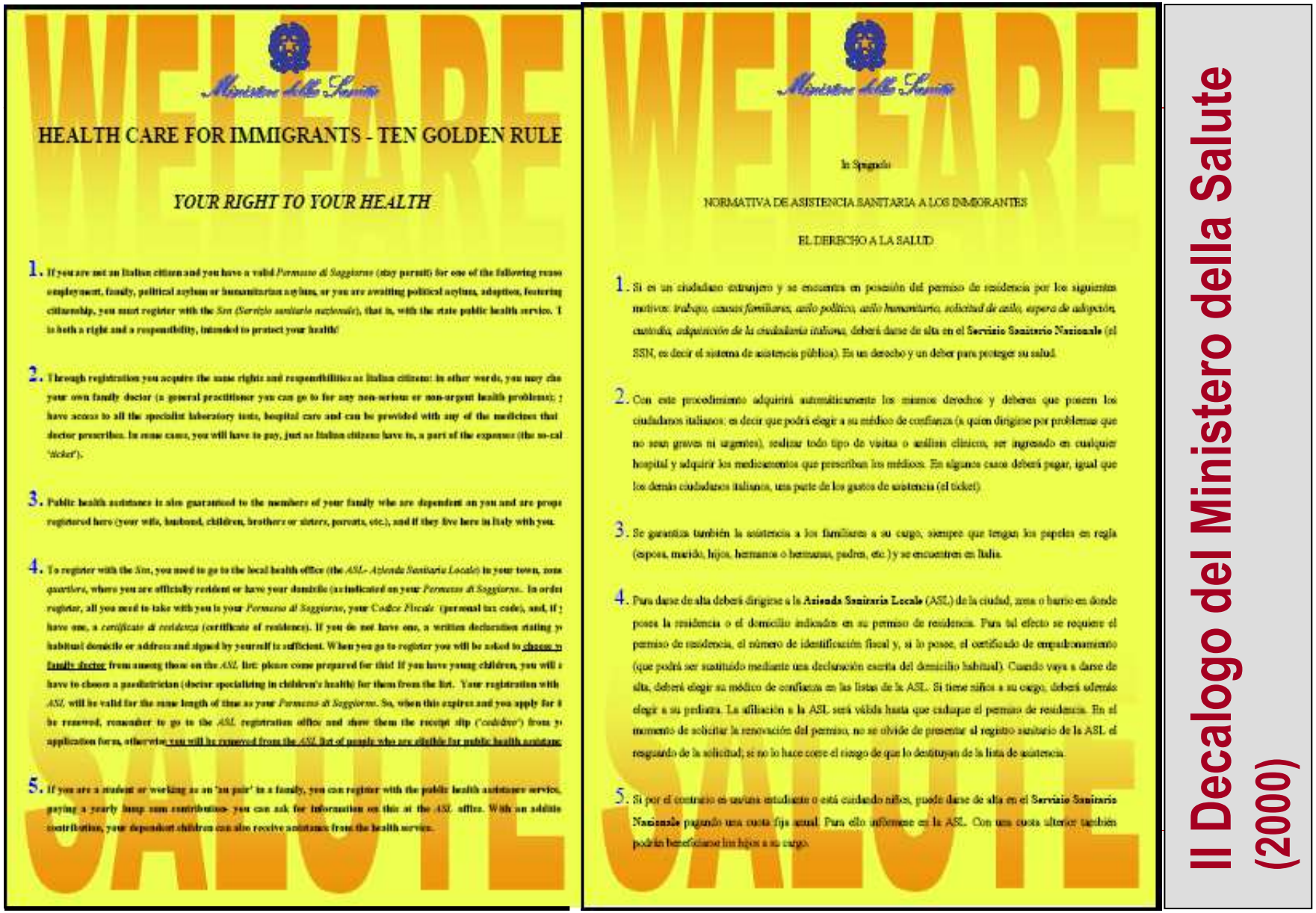


"There is a dearth of information about why migration should increase risk, and at what stage interventions could be implemented to address the problem.

However, ensuring that migrants have access to prevention services and information - of which they are frequently deprived at the moment - is undoubtedly crucial".

A correct information on the right to health care



Ministero della Sanità

HEALTH CARE FOR IMMIGRANTS - TEN GOLDEN RULE

YOUR RIGHT TO YOUR HEALTH

1. If you are not an Italian citizen and you have a valid *Permesso di Soggiorno* (stay permit) for one of the following reasons employment, family, political asylum or humanitarian asylum, or you are awaiting political asylum, adoption, fostering citizenship, you must register with the *San (Servizio sanitario nazionale)*, that is, with the state public health service. I is both a right and a responsibility, intended to protect your health!

2. Through registration you acquire the same rights and responsibilities as Italian citizens: in other words, you may cho your own family doctor (a general practitioner you can go to for any non-serious or non-urgent health problems); y have access to all the specialist laboratory tests, hospital care and can be provided with any of the medicines that doctor prescribes. In some cases, you will have to pay, just as Italian citizens have to, a part of the expenses (the so-cal 'ticket').

3. Public health assistance is also guaranteed to the members of your family who are dependent on you and are prope registered here (your wife, husband, children, brothers or sisters, parents, etc.), and if they live here in Italy with you.

4. To register with the *San*, you need to go to the local health office (the *ASL- Azienda Sanitaria Locale*) in your town, zone *quartiere*, where you are officially resident or have your domicile (as indicated on your *Permesso di Soggiorno*. In order register, all you need to take with you is your *Permesso di Soggiorno*, your *Codice Fiscale* (personal tax code), and, if y have one, a *certificato di residenza* (certificate of residence). If you do not have one, a written declaration stating yo habitual domicile or address and signed by yourself is sufficient. When you go to register you will be asked to choose yo family doctor from among those on the *ASL* list: please come prepared for this! If you have young children, you will a have to choose a paediatrician (doctor specialising in children's health) for them from the list. Your registration with *ASL* will be valid for the same length of time as your *Permesso di Soggiorno*. So, when this expires and you apply for it be renewed, remember to go to the *ASL* registration office and show them the receipt slip (*'cedolino'*) from yo application form, otherwise you will be removed from the *ASL* list of people who are eligible for public health assistanc

5. If you are a student or working as an 'au pair' in a family, you can register with the public health assistance service, paying a yearly lump sum contribution: you can ask for information on this at the *ASL* office. With an additio contribution, your dependent children can also receive assistance from the health service.

Ministero della Sanità

In Spagnolo

NORMATIVA DE ASISTENCIA SANITARIA A LOS INMIGRANTES

EL DERECHO A LA SALUD

1. Si es un ciudadano extranjero y se encuentra en posesión del permiso de residencia por los siguientes motivos: *trabajo, causas familiares, asilo político, asilo humanitario, solicitud de asilo, espera de adopción, custodia, adquisición de la ciudadanía italiana*, deberá darse de alta en el **Servizio Sanitario Nazionale** (el SSN, es decir el sistema de asistencia pública). Es un derecho y un deber para proteger su salud.

2. Con este procedimiento adquirirá automáticamente los mismos derechos y deberes que poseen los ciudadanos italianos: es decir que podrá elegir a su médico de confianza (a quien dirigirse por problemas que no sean graves ni urgentes), realizar todo tipo de visitas o análisis clínicos, ser ingresado en cualquier hospital y adquirir los medicamentos que prescriban los médicos. En algunos casos deberá pagar, igual que los demás ciudadanos italianos, una parte de los gastos de asistencia (el ticket).

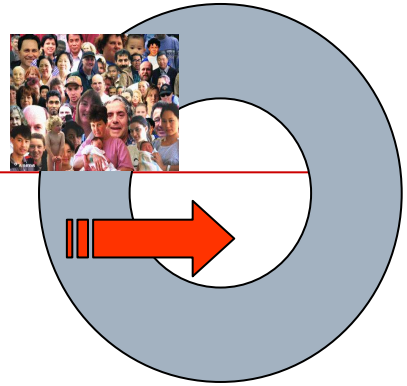
3. Se garantiza también la asistencia a los familiares a su cargo, siempre que tengan los papeles en regla (esposa, marido, hijos, hermanos o hermanas, padres, etc.) y se encuentren en Italia.

4. Para darse de alta deberá dirigirse a la **Azienda Sanitaria Locale** (ASL) de la ciudad, zona o barrio en donde posea la residencia o el domicilio indicados en su permiso de residencia. Para tal efecto se requiere el permiso de residencia, el número de identificación fiscal y, si lo posee, el certificado de empadronamiento (que podrá ser sustituido mediante una declaración escrita del domicilio habitual). Cuando vaya a darse de alta, deberá elegir su médico de confianza en las listas de la ASL. Si tiene niños a su cargo, deberá además elegir a su pediatra. La afiliación a la ASL será válida hasta que caduque el permiso de residencia. En el momento de solicitar la renovación del permiso, no se olvide de presentar el registro sanitario de la ASL el resguardo de la solicitud; si no lo hace corre el riesgo de que lo destituyan de la lista de asistencia.

5. Si por el contrario es usted estudiante o está cuidando niños, puede darse de alta en el **Servizio Sanitario Nazionale** pagando una cuota fija anual. Para ello diríjanse en la ASL. Con una cuota ulterior también podrán beneficiarse los hijos a su cargo.

Il Decalogo del Ministero della Salute (2000)

The right to health and to health care



The right to health…

SIXTY-FIRST WORLD HEALTH ASSEMBLY

WHA61.17

Agenda item 11.9

24 May 2008

Health of migrants

1. CALLS UPON Member States:

(1) to promote migrant-sensitive health policies;

(2) to promote equitable access to health promotion, disease prevention and care for migrants, subject to national laws and practice, without discrimination on the basis of gender, age, religion, nationality or race;

(3) to establish health information systems in order to assess and analyse trends in migrants' health, disaggregating health information by relevant categories;

(4) to devise mechanisms for improving the health of all populations, including migrants, in particular through identifying and filling gaps in health service delivery;

(5) to gather, document and share information and best practices for meeting migrants' health needs in countries of origin or return, transit and destination;

SIXTY-FIRST WORLD HEALTH ASSEMBLY WHA61.17

Agenda item 11.9 24 May 2008

Health of migrants

FIGURE 1. WHA RESOLUTION ON MIGRANT HEALTH, SELECTED ACTION POINTS

Monitoring migrant health

- Develop health information systems, collect and disseminate data
- Assess, analyse migrants' health
- Disaggregate information by relevant categories

Policy-legal frameworks

- Promote migrant sensitive health policies
- Include migrant health in regional/national strategies
- Consider impact of policies of other sectors

Migrant sensitive health systems

- Strengthen health systems; fill gaps in health service delivery
- Train health workforce on migrant health issues; raise cultural and gender sensitivities

Partnerships, networks and multi-country frameworks

- Promote dialogue and cooperation among Member States, agencies and regions
- Encourage a multi-sectoral technical network

HEALTH OF MIGRANTS – THE WAY FORWARD

Report of a global consultation

Madrid, Spain, 3–5 March 2010

World Health Organization

Edited WHO, Spain Govern, IOM - 2010

SIXTY-FIRST WORLD HEALTH ASSEMBLY

WHA61.17

Agenda item 11.9

24 May 2008

Health of migrants

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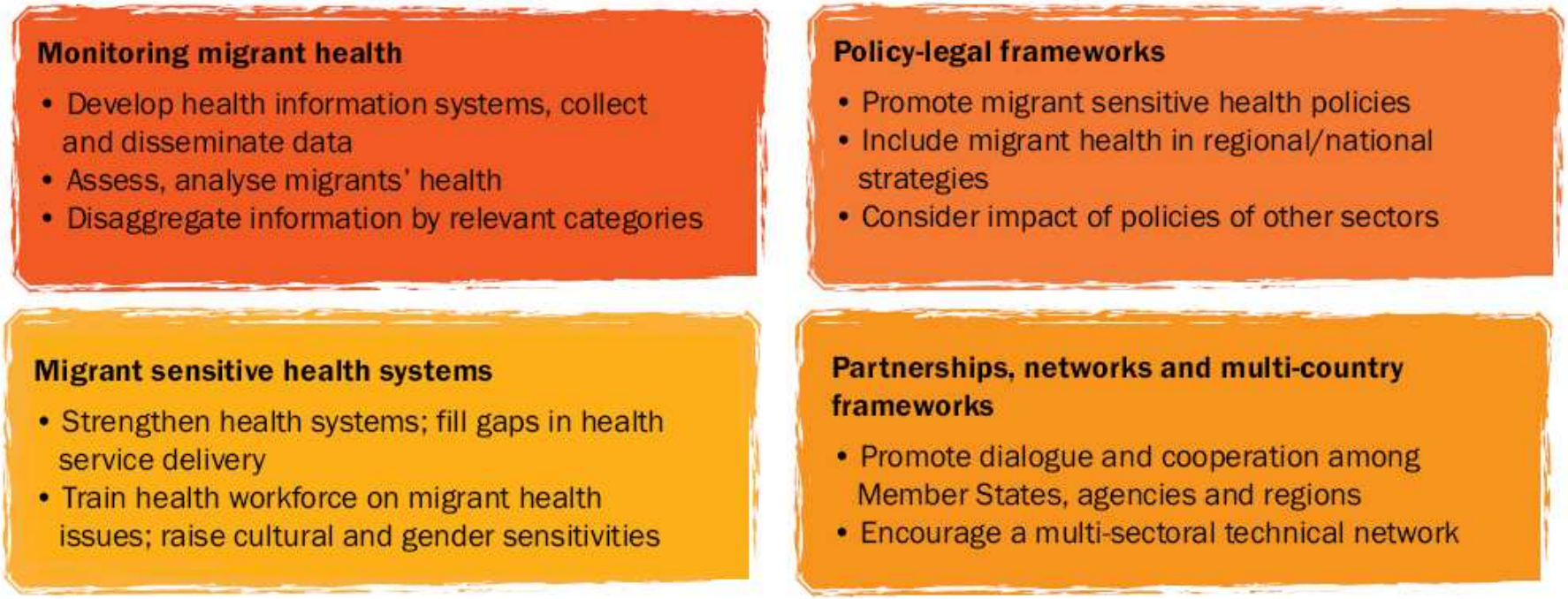

SIXTY-FIRST WORLD HEALTH ASSEMBLY

WHA61.17

Agenda item 11.9

24 May 2008

Health of migrants

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SIXTY-FIRST WORLD HEALTH ASSEMBLY

WHA61.17

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SIXTY-FIRST WORLD HEALTH ASSEMBLY

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SIXTY-FIRST WORLD HEALTH ASSEMBLY

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Partnerships, networks and multi-country frameworks

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- Encourage a multi-sectoral technical network

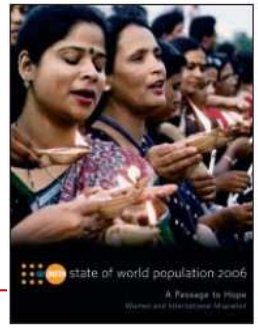
The Italian Constitution

32nd Article

"The Republic safeguards health as a <u>fundamental right</u> <u>of the individual and as a collective interest</u>, and guarantees free medical care to the indigent.

No one may be obliged to undergo any given health treatment except under the provisions of the law. The law cannot under any circumstances violate the limits imposed by respect for the human person".

The Lancet 2006; **368**:1039
DOI:10.1016/S0140-6736(06)69423-3
Editorial **Migration and health: a complex relation**



"The International Convention on the Protection of the Rights of all Migrant Workers and Members of their Families, which came into force in 2003, sets minimum standards for human rights that signatory countries must abide by.

These include access to emergency medical care and protection from enslavement and violence. Official (or documented) migrants also have rights to access to health services under the treaty.

But these conditions are frequently unmet because of the problems migrants face integrating into new societies. Suspicion, fear, and discrimination in host countries can exclude migrants from health and other services".

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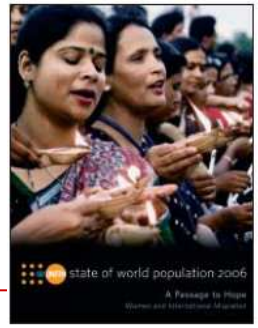


"What's more, national health services or insurance systems frequently discriminate against temporary residents.

And those who have travelled into the country illegally often avoid public services for fear of deportation".

Saluteinternazionale.info:
uno spazio di conoscenza e confronto

Immigrazione in Grecia. Dagli all'Untore

Inserito da Redazione SI on 4 maggio 2012 – 00:39 4 commenti

Maurizio Marceca e Eleni Mavromatidi

Nella sofferenza l'uomo riesce a dare il meglio di sé. Oppure no. Nel mezzo della crisi più grave, il governo greco decide di adottare misure sanitarie eccezionali contro gli 'Untori' immigrati e per farlo si affida a poliziotti, infettivologi e centri ospedalieri. Col plauso di Borghezio.

Primo aprile 2012 (ma non è un pesce d'aprile). I ministri greci della sanità, Mr. Loverdos, e degli interni, Mr. Chrisochoidis, annunciano in una conferenza stampa della domenica sera un progetto finalizzato alla protezione della salute pubblica dai rischi recati dagli immigrati illegali, che sarà oggetto di un futuro provvedimento legislativo[1,2,3].

Secondo i due ministri, il problema dell'immigrazione (in particolare di quella illegale nel centro di Atene) è una "bomba sanitaria pronta a esplodere"; il circa milione di immigrati che vive in Grecia (la maggior parte dei quali illegalmente) ha creato immensi problemi alla salute e sicurezza pubbliche; malattie precedentemente scomparse, come la lebbra, la sifilide e il colera sono drammaticamente aumentate, e ciò è dovuto all'ingresso incontrollato di immigrati illegali dall'Africa e dall'Asia[2,4]. I due ministri hanno sottolineato, ad esempio, che i casi di AIDS sono cresciuti del 1.000 %, in un contesto in cui sono registrati 620 bordelli privi di licenza[3].

La soluzione a questa situazione è stata individuata nel '**Certificato di Salute**', un documento rilasciato dal Centro di Prevenzione e Controllo delle Malattie (KEELPNO; in inglese HCDCP) che, a regime, dovrà essere in possesso di tutti gli immigrati.

Il progetto si basa su 6 linee principali di azione:

An international debate

European Journal of Health Law 11: 245-272, 2004. Published by Martinus Nijhoff Publishers. © 2004 *Koninklijke Brill N.V.* ISSN 0929-0273. *Printed in the Netherlands.*

Access to health care for illegal immigrants in the EU: should we be concerned?

ROMÁN ROMERO-ORTUÑO*

Summary

The presence of illegal immigrants in EU countries is increasing despite considerable immigration policy efforts over the last years. EU Member States have responded by strengthening their fight against illegal immigration, with different multi-level measures that include the curtailment or denial of social security rights such as access to publicly funded health care. Although significant differences exist between Social Health Insurance and National Health Service countries with regard to legislative provisions, access to health care for illegal immigrants is generally limited to situations that are life threatening (emergencies) or pose a risk to the public health (i.e. infectious diseases). In practice, strong barriers to access exist even in those situations. Because health care needs of illegal immigrants are not being met, access to health care for this population should be an issue of utmost concern to both policy makers and the public. National legislations and implementation practices need to be upgraded in order to grant illegal immigrants effective access to health care, as mandated by Human Rights laws. That is feasible and not necessarily incompatible with current immigration policies.

Report on Reducing health inequalities in EU (2010/2089 (INI))

Rapporteur: Edite Estrela

EUROPEAN PARLIAMENT

The European Parliament:

…

“whereas universality, access to high-quality care, equity and solidarity are common values and principles underpinning the health systems in the EU Member States” (point A)

…

"whereas health inequalities are not only the result of a host of economic, environmental and lifestyle-related factors, but also of problems relating to access to healthcare” (point P)

…

"whereas in many EU countries equitable access to healthcare is not guaranteed, either in practice or in law, for undocumented migrants" (point AD)

Report on Reducing health inequalities in EU (2010/2089 (INI))

Rapporteur: Edite Estrela

EUROPEAN PARLIAMENT

The European Parliament:

"Calls on the Member States to ensure that the most vulnerable groups, including undocumented migrants, are entitled to and are provided with equitable access to healthcare; calls on the Member States to assess the feasibility of supporting healthcare for irregular migrants by providing a definition based on common principles for basic elements of healthcare as defined in their national legislation; (point 5)

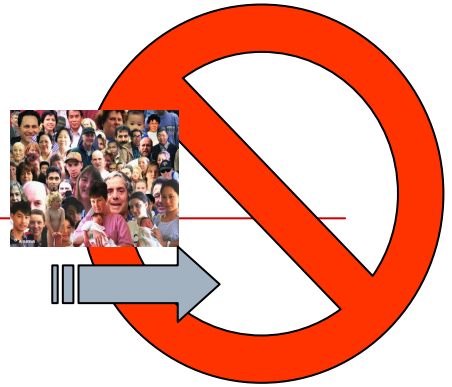
…

“Calls on the Member States to promote access to high-quality legal advice and information in coordination with civil society organizations to help ordinary members of the public, including undocumented migrants, to learn more about their individual rights; (point 8)

…

"Calls on the Member States to ensure that all pregnant women and children, irrespective of their status, are entitled to and actually receive social protection as defined in their national legislation; " (point 22).

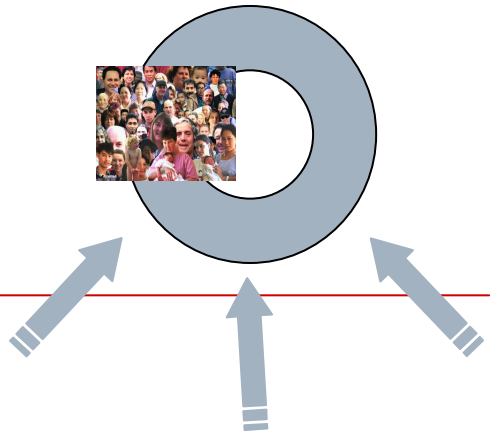
The real possibility of using the health care services



The contrast of barriers :

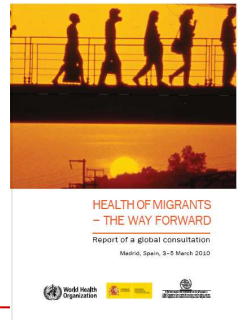
- *bureaucratic / administrative*
- *economical / financial*
- *organizational*
- *psychological*
- *linguistic - cultural*

adopting strategies



barriers :	answers :
bureaucratic / administrative	*juridical* *education / CME*
economical	*exemptions for specific categories*
organizational	*easy way to health-care services access*
psychological	*to care / trust*
linguistic - cultural	*linguistic and cultural competence*

AN OPERATIONAL FRAMEWORK ON MIGRANT HEALTH



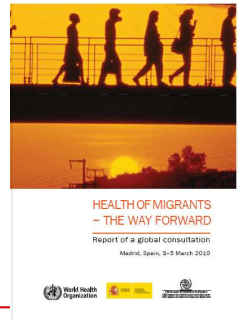
Edited WHO, Spain Govern, IOM - 2010

MONITORING MIGRANT HEALTH

Priorities to address	• Ensure the standardization and comparability of data on migrant health. • Increase the better understanding of trends and outcomes through the appropriate disaggregation and analysis of migrant health information in ways that account for the diversity of migrant populations. • Improve the monitoring of migrants' health-seeking behaviours, access to and utilization of health services, and increase the collection of data related to health status and outcomes for migrants. • Identify and map: 1) good practices in monitoring migrant health; 2) policy models that facilitate equitable access to health for migrants; and 3) migrant-inclusive health systems models and practices. • Develop useful data that can be linked to decision-making and the monitoring of the impact of policies and programmes.
Key actions	• Identify key indicators that are acceptable and useable across countries. • Promote the inclusion of migration variables in existing census, national statistics, targeted health surveys and routine health information systems, as well as in statistics from sectors such as housing, education, labour and migration. • Use innovative approaches to collect data on migrants beyond traditional instruments such as vital statistics and routine health information systems. • Clearly explain to migrants why health related data is being collected and how this can benefit them, and have safeguards in place to prevent use of data in a discriminatory or harmful fashion. • Raise awareness about data collection methods, uses, and data sharing related to migrant health among governments, civil society, and international organizations. • Produce a global report on the status of migrants' health including country-by-country progress reports.

AN OPERATIONAL FRAMEWORK ON MIGRANT HEALTH

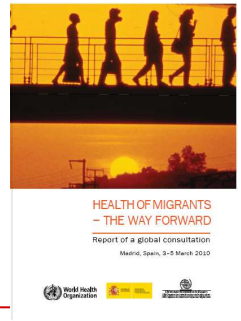
Edited WHO, Spain Govern, IOM - 2010



POLICY AND LEGAL FRAMEWORKS

Priorities to address	• Adopt and implement relevant international standards on the protection of migrants and the right to health in national law and practice. • Develop and implement national health policies that incorporate a public health approach to the health of migrants and promote equal access to health services for migrants, regardless of their status. • Monitor the implementation of relevant national policies, regulations and legislation responding to the health needs of migrants. • Promote coherence among policies of different sectors that may affect migrants' ability to access health services. • Extend social protection in health and improve social security for all migrants.
Key actions	• Develop frameworks and indicators to monitor the success of policy implementation. • Promote and monitor the sufficient availability of resources for adequate policy development, formulation of strategies and programme implementation. • Conduct advocacy and public education efforts to build support among the public, government and other stakeholders for migrant-inclusive health policies and adoption of key international instruments. • Develop guidance, models and standards to assist countries, based on best practices. • Identify mechanisms for extending social protection in health and increasing social security coverage for migrants.

AN OPERATIONAL FRAMEWORK ON MIGRANT HEALTH

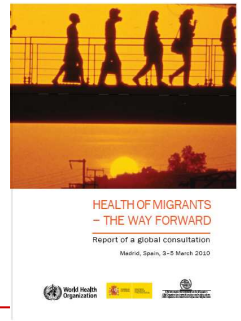


Edited WHO, Spain Govern, IOM - 2010

MIGRANT SENSITIVE HEALTH SYSTEMS

Priorities to address	• Ensure that health services are delivered to migrants in a culturally and linguistically appropriate way, and enforce laws and regulations that prohibit discrimination. • Adopt measures to improve the ability of health systems to deliver migrant inclusive services and programmes in a comprehensive, coordinated, and financially sustainable way. • Enhance the continuity and quality of care received by migrants in all settings, including that received from NGO health services and alternative providers. • Develop the capacity of the health and relevant non-health workforce to understand and address the health and social issues associated with migration.
Key actions	• Establish focal points within governments for migrant health issues. • Develop standards for health service delivery, organizational management and governance that address cultural and linguistic competence; epidemiological factors; and legal, administrative, and financial challenges. • Develop frameworks for the implementation and monitoring of health systems' performance in delivering migrant sensitive health services. • Develop methods to analyse the costs of addressing or not addressing migrant health issues. • Include diaspora migrant health workers in the design, implementation and evaluation of migrant sensitive health services and educational programmes. • Include migrant health in the graduate, post graduate and continuous professional education training of all health personnel, including support and managerial staff.

AN OPERATIONAL FRAMEWORK ON MIGRANT HEALTH



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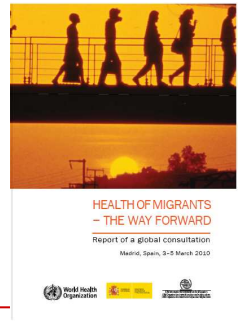

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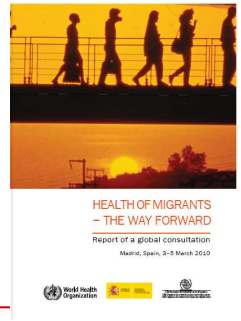

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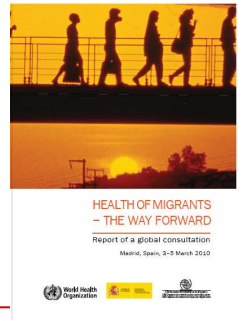


PARTNERSHIPS, NETWORKS AND MULTI COUNTRY FRAMEWORKS

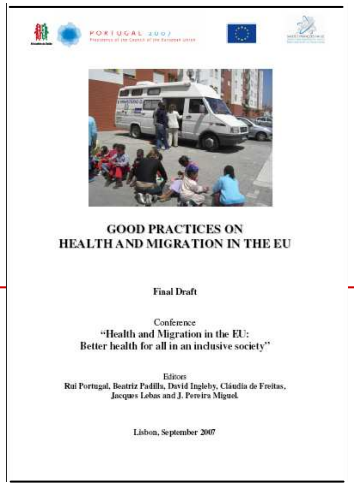
Priorities to address	• Establish and support ongoing migration health dialogues and cooperation across sectors and among key cities, regions and countries of origin, transit and destination. • Address migrant health matters in global and regional consultative migration, economic and development processes (e.g. Global Forum on Migration and Development, Global Migration Group, RCPs, United Nations High Level Dialogue on International Migration and Development). • Harness the capacity of existing networks to promote the migrant health agenda.
Key actions	• Create a multi-stakeholder working group to further refine and implement the operational framework on migrant health and to develop a resource mobilization plan. • Develop an information clearinghouse of good practices in migrant health monitoring, policy development and service delivery. • Encourage local, regional and international migration dialogues and processes to assist governments in coordinating and harmonizing policies and regulations related to health and the determinants of health for migrants. • Promote the inclusion of migrant health needs in existing regional and global funding mechanisms.

the resources of Medical Education

- social and health professionals and administrative staff could play a relevant role in qualifying health care services;
- their education / competence could represent a strategic element for health promotion and health care of immigrants.

Lisbon Conference on “Health and Migration in the EU: Better health for all in an inclusive society” (Sept. 2007)

“Good practices on health and migration in the EU”


GOOD PRACTICES ON
HEALTH AND MIGRATION IN THE EU

Final Draft

Conference
“Health and Migration in the EU:
Better health for all in an inclusive society”

Editors
Rui Portugal, Beatriz Padilla, David Ingleby, Cláudia de Freitas, Jacques Lebas and J. Pereira Miguel

Lisbon, September 2007

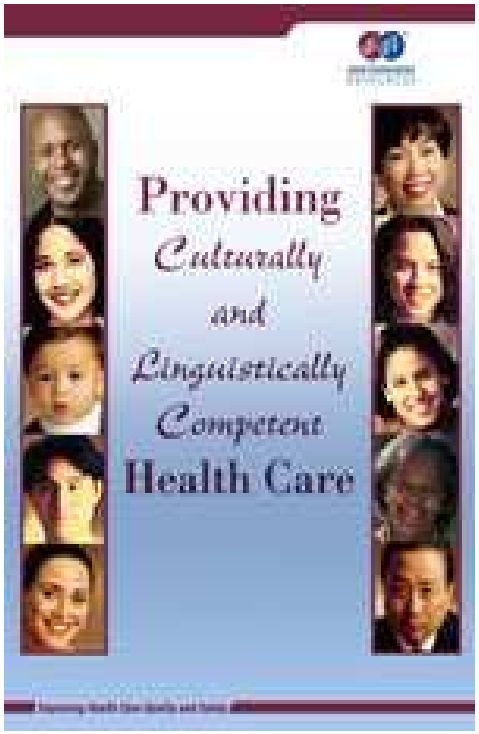
2. What are the main areas in which policy can be made?

e. Education and research

Although institutions of education and research do not themselves provide health care, their contribution to the health care system is absolutely fundamental. This is particularly true in the relatively new field of migrant health.

Interventions need a secure knowledge base, and this necessitates sustained research effort on migrants’ state of health and on processes and outcomes in care delivery. Training and education of health service personnel must include adequate attention to these issues.

Unfortunately, at the present time migrant health is conspicuous by its absence from most curricula in the field of medical education and other health professional training, while the amount of attention paid to migrant health by researchers varies enormously between countries.



Providing *Culturally And Linguistically Competent* Health Care

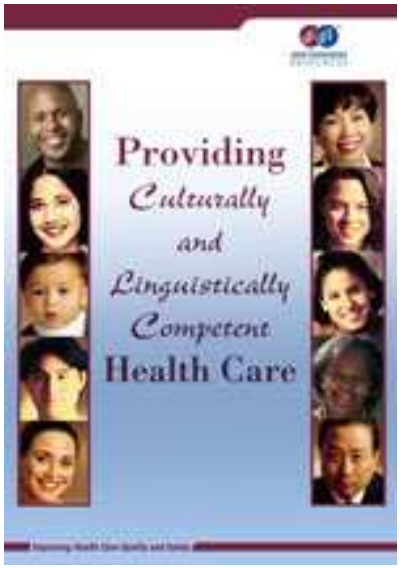
Joint Commission
RESOURCES
2006

...some useful tools

Chapter 4:
"Developing and training staff to be culturally competent"

"In confronting health care disparities and addressing the increasing racial and ethnic diversity of the U.S. population, the development and implementation of cultural competence training programs for health care providers has emerged as a key intervention strategy.

Cross-cultural education programs, another term for this type of training, are viewed as a means to enhance health professional's awareness of how cultural and social factors influence health care. Effective training programs promote and provide methods to obtain, negotiate, and clinically manage this information".



Joint Commission
RESOURCES
2006

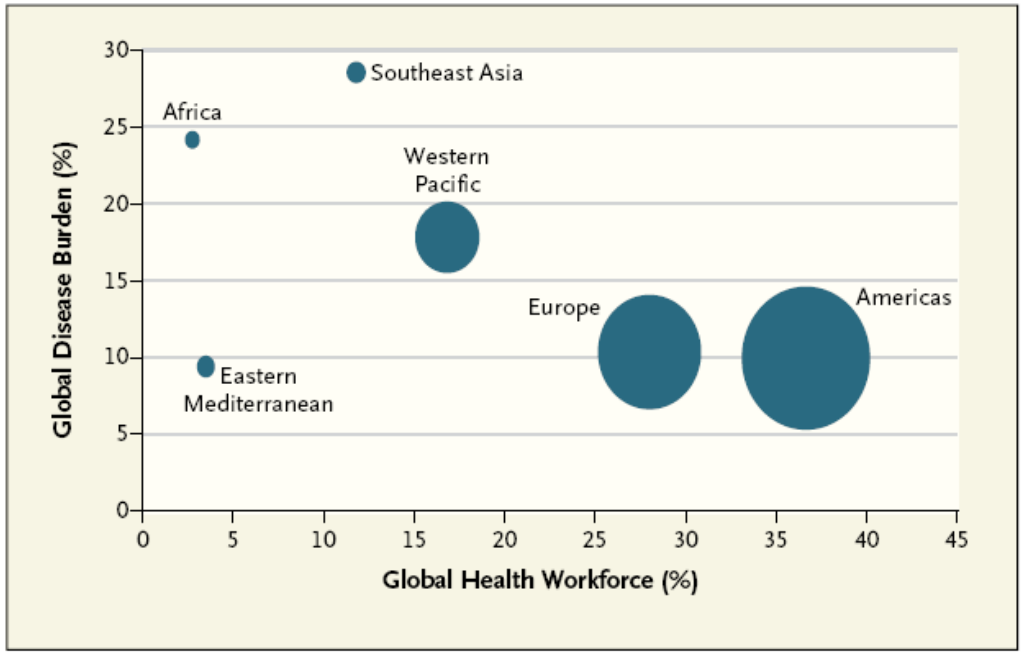
…the brain drain problem

N ENGL J MED 365;25 NEJM.ORG DECEMBER 22, 2011

GLOBAL HEALTH

Stemming the Brain Drain — A WHO Global Code of Practice on International Recruitment of Health Personnel

Allyn L. Taylor, J.D., J.S.D., Lenias Hwenda, Ph.D., Bjørn-Inge Larsen, M.D., and Nils Daulaire, M.D.



Global Distribution of Health Workforce by Level of Expenditure and Disease Burden in Six WHO Regions.

The size of the dots represents total health expenditure. Data are from the World Health Organization, Global Atlas of the Health Workforce (www.who.int/globalatlas/default.asp).

The Brain Drain of Health Personnel:

Factors involved

PUSH Factors

Low wages

Unstable working environments

Weak public health systems

…

PULL Factors

Much higher wages

Stable working environments

Strong public health systems

Targeted recruitments efforts by wealthy states

Stemming the Brain Drain — A WHO Global Code of Practice on International Recruitment of Health Personnel

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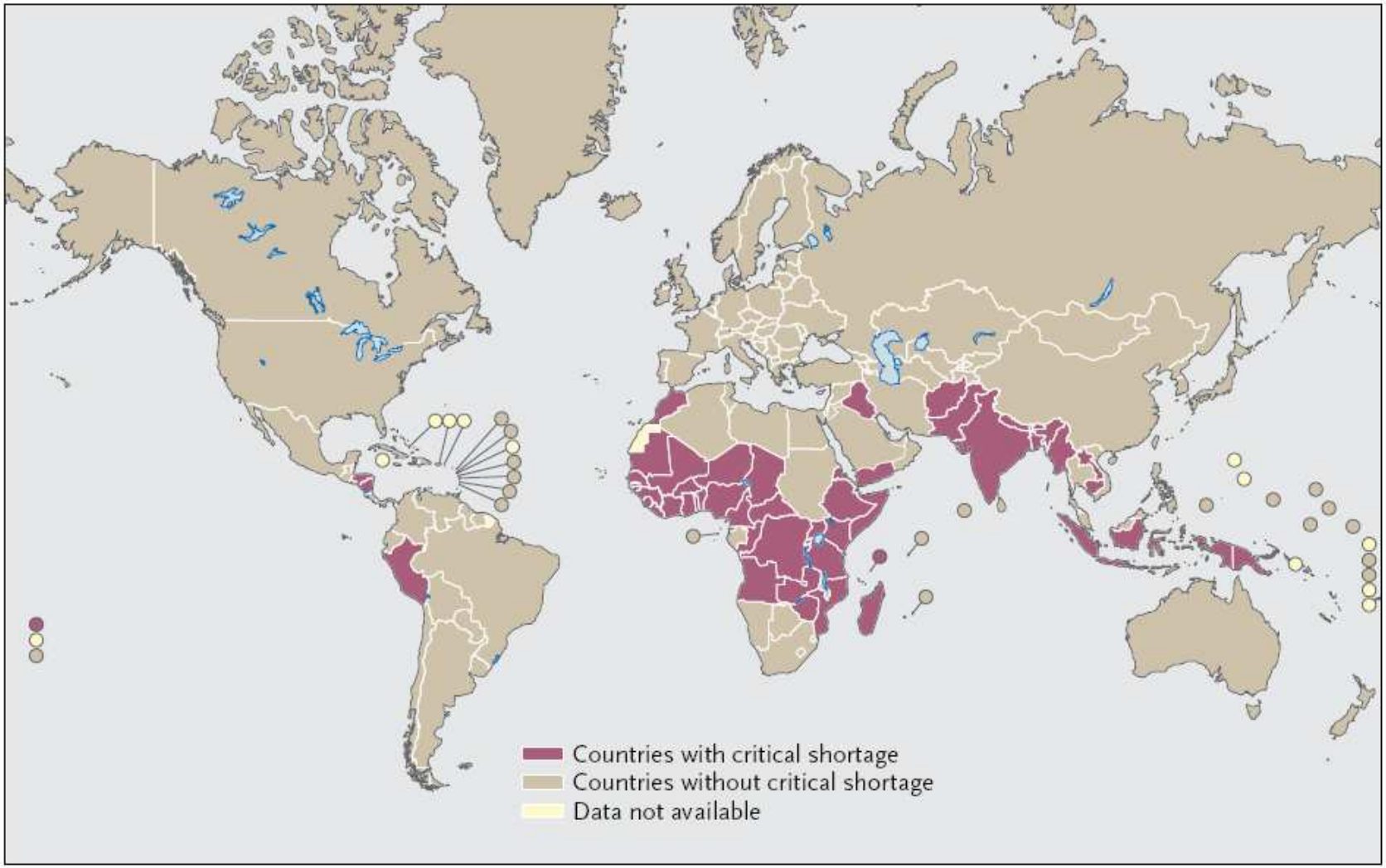
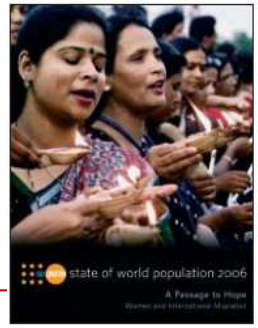


Critical Shortages of Health Service Providers (Nurses, Doctors, and Midwives).

Data are from the World Health Organization, Global Atlas of the Health Workforce — 2006 (http://www.who.int/globalatlas/default.asp).

The Lancet 2006; **368**:1039
DOI:10.1016/S0140-6736(06)69423-3
Editorial **Migration and health: a complex relation**



"Making migration easier and more equitable was the goal of last week's UN meeting.

But this strategy has its downsides, especially for health.

Doctors, nurses, and other health workers of sub-Saharan Africa continue to move abroad at an alarming rate. These movements also have indirect effects: if educated people migrate, the lower educational attainment of the remaining population can stall poverty-reduction efforts".

…the brain drain problem

MANIFESTO
PER IL RAFFORZAMENTO
DEL PERSONALE
SANITARIO

UNA RESPONSABILITÀ COLLETTIVA
PER GARANTIRE IL DIRITTO ALLA SALUTE

WWW.MANIFESTOPERSONALESANITARIO.IT

GARANTIRE AL PERSONALE SANITARIO STRANIERO IN ITALIA GLI STESSI DIRITTI

4 In ragione della carenza di operatori sanitari nel nostro paese, dal 2002 gli infermieri stranieri possono entrare in Italia per motivi di lavoro al di fuori delle quote previste dal decreto flussi, ricevendo un permesso di soggiorno legato all'esercizio della professione infermieristica. La partecipazione ai concorsi pubblici, tuttavia, è regolata da norme che ne rendono difficile l'accesso per medici e infermieri stranieri, nonostante il sussistente requisito del possesso della cittadinanza italiana sia stato ormai messo in discussione dalla giurisprudenza. Questi professionisti lavorano dunque più spesso nel settore privato, con contratti di lavoro precari e con retribuzioni minori rispetto ai colleghi italiani.

5 Le migranti e i migranti formati alle professioni sanitarie hanno il diritto di sviluppare, anche da noi, una propria prospettiva professionale. La loro presenza rappresenta un'opportunità per il sistema sanitario italiano, che è possibile cogliere, tuttavia, solo se le loro competenze sono pienamente riconosciute, se hanno accesso alla formazione continua e se le loro condizioni di impiego sono eque e non discriminatorie rispetto ai colleghi italiani. Inoltre le migranti e i migranti, in particolare quelli impiegati nell'assistenza a domicilio, hanno diritto a essere informati sui propri diritti e doveri come lavoratori, attivando apposite reti informative e di coinvolgimento operativo nell'ambito del sistema socio sanitario.

WWW.MANIFESTOPERSONALESANITARIO.IT

…the brain drain problem

BOX 9.17: POLICY OPTIONS TO STOP THE HEALTH HUMAN RESOURCES BRAIN DRAIN

A number of policy options exist to address – and stop – the brain drain of health human resources from poorer countries. These include:

return of migrant programmes (costly and largely unsuccessful);

restricted emigration (weak, resulting often only in delaying migration) or immigration (modestly successful, although criticized for singling out health workers over other migrants);

bi/multilateral agreements to manage flow between source and destination countries (somewhat successful);

strengthening domestic health human resources in source countries (strongly supported in the literature, but questionable from the perspective of source countries in the context of global markets);

restitution (including two-way health human resources flows, and increased contribution from high-income receiving countries to health and health-training systems in low-income source countries).

Preference tends towards bilateral agreements and restitution as promising policy areas.

Source: GKN, 2007

Source: WHO - *Commission on Social Determinants Of Health* - Final Report
***Closing the gap in a generation. Health equity through action on the social determinants of health*, 2008**

our pathway

- Migration: what is it ?
- Health needs: which and for whom ?
- Health policies: values and approaches
- A case-study: Italy
- Perspectives

Access to heath care services

"... access to health care by all must be considered as a prerequisite for public health in Europe and an essential element for its social, economic and political development, as well as for the promotion of human rights".

Conclusions of the Lisbon Conference
Portuguese Presidency of the Council of the European Union, 2007

… relevant things to do:

- reasoning of the procedures/ actions of assistance
- enhancement of the network of local health services
- development and support of intersectional policies for health promotion, for socio-sanitary integration and for “horizontal subsidiarity”
- investment in updating the knowledge and the capacity of the health professionals
- active participation of the communities
- creation of adequate information systems
- validation of the outcome of health interventions

The Health in All Politics (HiAP) approach

It is a whole-government system approach to tackle health inequities.

Poor and unequal living conditions are the consequence of poor social policies and programmes, unfair economic arrangements and bad politics. Action to influence the social determinants of health must therefore come from both within and outside the health sector. It involves the whole of government, civil society and local communities, business, global fora and international agencies. Policies and programmes have to embrace all the key sectors of society, not just the health sector.

The Health in All Politics (HiAP) approach

Nevertheless, the minister of health and the supporting ministry are critical to global change.
They can champion a social determinants of health approach at the highest level of society; they can demonstrate effectiveness through good practice; and they can support other ministries in creating policies that promote health equity.

This role is referred to in the Tallinn Charter on strengthening health systems as the health system "stewardship" function.

The Lancet 2006; **368**:1039
DOI:10.1016/S0140-6736(06)69423-3
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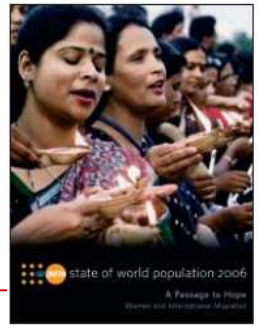

"But key to all discussions of migration is the issue of human rights, including the right of individuals to move to find a better life.

From a health perspective the priority is to balance complex and sometimes conflicting priorities to ensure that migration benefits, rather than hinders, development and health".

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websites

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www.saluteglobale.it

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